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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			N		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of												(4-55)				,	
AITKIN	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								<b>l</b>
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced						<u> </u>	\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2						1	\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue			ì			•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•	·	\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III			Ĭ		•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Itasca Medical Care	IMCare Classic						•	\$33.11	\$33.11			•				90	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	_								1
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	· · ·	Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-				1			İ	
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•	1			91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
	,	UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				٠			\$0.00	-								
		SecurityChoice Plus			<u> </u>	•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
ANOKA	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	HealthPartners Classic MN Senior	Olereda for Misservata Orador Hardy Orador								21.50								
	Health Options	Classic for Minnesota Senior Health Option						•	\$4.56	\$4.56			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00 \$2.80	•			•			97	•
	Medica Dual Solution Medica Health Plans	Medica Dual Solution  Medicare Advantage Solution Choice			<u> </u>			•	\$2.80			ļ	•				90	•
	Medica Health Plans	Medica Advantage Solution Choice			<u> </u>	•			\$1.87	\$1.87		ļ	•				90	•
		Standard				_			\$82.00	_								
	Medica Insurance Company	Prime Solution Basic			1	•	•		\$122.53	\$26.53	•	1	1				91	•
	Medica insurance Company	Prime Solution Enhanced			1		÷		\$141.53	\$26.53	•	1	1	<u> </u>			91	· ·
<del>                                     </del>	Metropolitan Health Plan MSHO	MHP-MnSHO	-	1	<b> </b>		÷		\$33.11	\$33.11	<u> </u>	<b> </b>		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	90	- :
	North Star Advantage / North Star				<b> </b>				ψου. 1 1	ψου.11		<b>†</b>	<del>l i</del>	1	1	<b>-</b>	- 50	•
	Advantage Plus	North Star Advantage							\$0.00	-								
									\$42.90								90	
	Stadios Ostion I	North Star Advantage Plus	•		ļ					\$42.90		<b> </b>	•	<del>                                     </del>	<b> </b>	<b> </b>	90	
	Sterling Option I	Sterling Option I	-		ļ	•			\$38.00	-		<b> </b>	1	<del>                                     </del>	<b> </b>	<b> </b>	0.4	
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11		ļ	•	<u> </u>		<b> </b>	91	•
		UCare Complete UCare for Seniors Value			ļ			•	\$33.11 \$34.00	\$33.11		<b> </b>	•	<del>                                     </del>	<b> </b>	<b> </b>	91	•
<del> </del>		UCare for Seniors Value UCare for Seniors Value Plus	•	1	<del>                                     </del>	-	-	-	\$34.00 \$74.00	\$30.30		<del>                                     </del>	<del>                                     </del>	<b>_</b>	-	<del>                                     </del>	97	
ı		UCare for Seniors Value Plus UCare for Seniors Classic	•	1					\$104.00	\$30.30	•		<u> </u>	•	<u> </u>	<u> </u>	97	•

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	отпасто, раше арристов ас	Description			-		. ga		,		Cost	110, 01 1		011101	Cov	erage		Convenience
				Т	ype of						С	Orug Deduc	tible		Type of A	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local	Advantage  Regional PPO	Private		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of		111110	110	1	OCIVICE	I Idii	1 1011	1 Territarity	1 Telliani	2010	rtcaacca	(ψ200)	Drugs	Offiny	Dianas	Tormulary	Oncrea
BECKER	Minnesota	MedicareBlue PPO Essential  MedicareBlue PPO Essential Plus Rx 1			•		$\vdash$	$\vdash \vdash$	\$30.22 \$70.80	- \$40.58	<del>                                     </del>						90	
		MedicareBlue PPO Enhanced			•				\$84.02	-							30	
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58	<u> </u>			•			90	
	Blue Plus SecureBlue	MedicareBlue PPO Enhanced Plus Rx 2 Blue Plus SecureBlue		ļ!	•			•	\$137.92 \$32.11	\$53.90 \$32.11	<u> </u>		•	•	<u> </u>	-	97 90	•
	HealthPartners	Freedom Plan I				†	•		\$49.00	-			1					
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II			<b>—</b>	<u> </u>	•		\$75.00	-	ļ	ļ	<u> </u>	ļ				
<b> </b>		Freedom Plan II with Standard Rx Freedom Plan III	<b>!</b>	<b></b>	<del></del>	<b> </b>	•		\$94.88 \$110.00	\$19.88	•	₩	<del></del>	•	<b>↓</b>	<b> </b>	84	•
-		Freedom Plan II with Enhanced Rx				<del>                                     </del>	•	$\vdash \vdash$	\$110.00 \$116.66	\$67.66		+	+		<b>├</b>		84	
		Freedom Plan III with Standard Rx		$\vdash$		<del>                                     </del>	•	$\vdash \vdash$	\$129.88	\$19.88	•	+	+	•		<del></del>	84	- :
		Freedom Plan II with Enhanced Rx		<u> </u>		<u> </u>	•		\$142.66	\$67.66	•	1	1	•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•		1	•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution		<u> </u>	<b>——</b>	ļ	<u> </u>	•	\$2.80	\$2.80			•			<u> </u>	90	•
	Medica Health Plans	Medicare Advantage Solution Choice		<u></u> '	<del></del>	•	igspace	lacksquare	\$1.87	\$1.87	<del></del>		•	ļ		<u> </u>	90	•
		Medica Advantage Solution NonMetroStandard			l	l . '	1	1 '	\$9.00									
	Medica Insurance Company	Prime Solution Basic			$\overline{}$			$\vdash$	\$122.53	\$26.53	•	+	+	•			91	
	, , , , , , , , , , , , , , , , , , , ,	Prime Solution Enhanced		<u> </u>		<u> </u>	•		\$141.53	\$26.53	•	1	1	•		<u> </u>	91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			i	•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I		<u> </u>	<del></del>	<u> </u>		igspace	\$38.00	-	<b>↓</b>	<b>↓</b>		<b>.</b>		<u> </u>		
-	Unicare Life & Health Ins. Company	SecurityChoice Classic SecurityChoice Plus				•		$\vdash \vdash$	\$0.00 \$4.00	\$0.00	+	+	· .		<b>├</b>	<del>                                     </del>	88	
-	Blue Cross and Blue Shield of	SecurityChoice Flus				<u> </u>		$\vdash \vdash$	\$4.00	\$0.00	+	+	+	•		<del>                                     </del>	00	<del></del>
BELTRAMI	Minnesota	MedicareBlue PPO Essential		ļ	•	<u> </u>		$\vdash \vdash$	\$30.22	-	<del>                                     </del>	<del>                                     </del>			<u> </u>	<u> </u>		<del>                                     </del>
		MedicareBlue PPO Essential Plus Rx 1			•	<del>                                     </del>		$\vdash \vdash$	\$70.80	\$40.58	$\vdash$	•		•	<del>                                     </del>		90	•
		MedicareBlue PPO Enhanced			•		$\vdash$	H	\$84.02	-	+	+			<b>_</b>			
		MedicareBlue PPO Enhanced Plus Rx 1  MedicareBlue PPO Enhanced Plus Rx 2			•			H	\$124.60 \$137.92	\$40.58 \$53.90	+	•	+	•			90	
	Blue Plus SecureBlue	Blue Plus SecureBlue	1	<del>                                     </del>	_ <u>·</u>	<del>                                     </del>	$\vdash \vdash$	•	\$32.11	\$32.11	$+\dot{-}$	+		<del>                                     </del>	$\vdash$	<del>                                     </del>	90	<del></del>
	HealthPartners	Freedom Plan I		<u> </u>		<u> </u>	•		\$49.00	-	1	1	1			<u> </u>		
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II		$\perp =$			•		\$75.00	-	$\perp =$	$\perp \overline{}$			L	$\perp =$		$\perp$
		Freedom Plan II with Standard Rx		<u> </u>	<del></del>	<u> </u>	•	igspace	\$94.88	\$19.88	•	<b>↓</b>		•		<u> </u>	84	•
-	+	Freedom Plan III Freedom Plan I with Enhanced Rx	1	<b></b>		├──	•	$\vdash \vdash \vdash$	\$110.00 \$116.66	- \$67.66	•	+	+	•	+		84	
	1	Freedom Plan III with Standard Rx	<del>                                     </del>	<del>                                     </del>	$\overline{}$	<del>                                     </del>	•	$\vdash \vdash \vdash$	\$129.88	\$19.88	•	+	+	<del>  :</del>	$\vdash$	$+\dot{-}$	84	<del>- :</del>
		Freedom Plan II with Enhanced Rx	1	$\vdash$	<u> </u>	$\vdash$	·	$\vdash$	\$142.66	\$67.66	•	<del>                                     </del>		•	<del></del>	•	84	
		Freedom Plan III with Enhanced Rx	<u> </u>				•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-	$\perp =$	$\perp =$						
	Medica Insurance Company	Prime Solution Basic	<u> </u>	<b></b> '		<b></b> '	٠		\$122.53	\$26.53	•	<b>↓</b>		•	<b>↓</b>	<b></b> '	91	•
	1	Prime Solution Enhanced				L	•		\$141.53	\$26.53	•	<b></b>	<b></b>	•	<b>↓</b>	<b></b> '	91	•
	Starling Option I	Starling Option I																
	Sterling Option I Unicare Life & Health Ins. Company	Sterling Option I SecurityChoice Classic		<del>                                     </del>	L	•	$\vdash \vdash$	$\vdash \vdash$	\$38.00 \$0.00	<del>-</del>		<del>                                     </del>		<del> </del>	<del> </del>	<del>                                     </del>		<b></b>

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			М		ype of Advantage	Plan					[	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
BENTON	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					٠		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•		ļ	•			84	•
		Freedom Plan II with Enhanced Rx	<u> </u>				•		\$142.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Freedom Plan III with Enhanced Rx Humana Gold Choice PFFS H1804-025	1				•		\$177.66 \$0.00	\$67.66 \$0.00	•			•		•	84 97	•
	Medica Dual Solution	Medica Dual Solution	1			•			\$2.80	\$0.00	•	1		•			90	•
	Medica Health Plans	Medicare Advantage Solution Choice	<del>                                     </del>		-			·	\$1.87	\$1.87			- :-				90	•
	Medica Health Halls	Medica Advantage Solution  Medica Advantage Solution	1			•			\$1.07	\$1.07		1	•				90	•
		NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic	1				•		\$122.53	\$26.53	•	1					91	•
		Prime Solution Enhanced	<del>†                                      </del>				•		\$141.53	\$26.53	•		1	•			91	•
	Sterling Option I	Sterling Option I	1			•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options	1	1	1			•	\$33.11	\$33.11			•		1		91	•
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				٠			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					Г	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BIG STONE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
DIO OTOTAL	Willingsold	Wedicare Bide 11 O Essential							ψ30.22									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	Delegation of the elife Contract	Prime Solution Enhanced	1				•		\$141.53	\$26.53	•	ļ		•			91	•
	Primewest Health System	PrimeWest Senior Health Complete	-					•	\$31.49	\$31.49	<b></b>	<b> </b>	•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 1	<del>                                     </del>	-	<b></b>	•		ļ	\$0.00 \$85.00	-	-	ļ			<b></b>			
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I	<del>                                     </del>	-	<b></b>	•		ļ	\$85.00	-	-	ļ			<b></b>			
-	Today's Option	Today's Options Basic	1			•		-	\$38.00 \$14.95	-	<u> </u>	<del>                                     </del>	1	<del> </del>			<del>                                     </del>	
	Today's Option	Today's Options Basic Today's Options Premier	+		<del>                                     </del>	-:-		<u> </u>	\$14.95 \$26.95	-	<u> </u>	<del>                                     </del>		<del>                                     </del>			<del>                                     </del>	
	Unicare Life & Health Ins. Company		1			_		-	\$26.95		1	1					-	
	опісате ше в пеаштіть. сотпрату		+					<u> </u>			<u> </u>	<del>                                     </del>	<del></del>				00	
	Unicare Lire & Health Ins. Company	SecurityChoice Classic SecurityChoice Plus				•			\$0.00 \$4.00	\$0.00			•		•	•	•	• 88

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								•	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan						Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BLUE EARTH	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22									
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
	<del> </del>	Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution							••••									
	Madian Income of Comment	NonMetroStandard				•			\$9.00	-							0.4	
	Medica Insurance Company	Prime Solution Basic Prime Solution Enhanced	1		<u> </u>		٠		\$122.53 \$141.53	\$26.53 \$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1					٠				•			•			91	•
	SecurerIONZONS DIFECT		1	1	-	•	-		\$0.00 \$85.00	-			-	<b> </b>			<b>-</b>	-
<del></del>	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I	<del>                                     </del>	1	<del>                                     </del>	•	-	-	\$85.00	-			<b> </b>	<del>                                     </del>		<del>                                     </del>		
	Today's Option	Today's Options Basic	1		ļ				\$38.00			1	<del>                                     </del>	1		<b> </b>		+
	Today's Option	Today's Options Basic Today's Options Premier	<del>                                     </del>	1	<u> </u>	•		-	\$14.95 \$26.95	-						<b>_</b>		
<del></del>	UCare Minnesota	Minnesota Senior Health Options	<del>                                     </del>	1	<del>                                     </del>	· •	-		\$26.95	\$33.11			•	<del>                                     </del>		<del>                                     </del>	91	
<u> </u>	OGAIG WIIIIIESULA	UCare for Senior Silver		1	1			-	\$56.00	\$33.11		1	<u> </u>	1		1	91	<del></del>
<b></b>	+	UCare for Seniors Silver Plus	+ :	<del>                                     </del>	-				\$92.00	\$31.48		<del>                                     </del>	-			-	97	
<u> </u>	+	UCare for Seniors Crystal	+ ÷	1	1				\$121.00	\$31.46	- :	1	l	- :		1	97	<del>:</del>
	Unicare Life & Health Ins. Company	SecurityChoice Classic	<u> </u>						\$0.00	φ32.30 -	·			•			31	<del></del>
	omoure Life & Health Ins. Company	SecurityChoice Classic SecurityChoice Plus	+	1	1	<u> </u>			\$4.00	\$0.00	-	1		_		1	88	

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	<u> </u>			Cov	erage		Convenience
			М		Type of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
					Regional				Beneficiary Total Premium* (Including Drug	Beneficiary Drug			Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
	Blue Cross and Blue Shield of																	
BROWN	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue	1	1			<b>-</b>		\$32.11	\$32.11		1	•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-		ì						
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•	ì		•			84	•
		Freedom Plan II					•		\$75.00	-		ì						
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•	ļ		\$0.00	-								ļ
		SecureHorizons Direct Premier Plan 200	<b> </b>	ļ	1	•	<b>!</b>		\$85.00	-	ļ	ļ						
	South Country Health Alliance	SeniorCare Complete	1	<u> </u>			<u> </u>	٠	\$22.66	\$22.66		ļ	•				97	ļ
l	Charling Option I	AbilityCare	•	1	1	<u> </u>	1		\$27.79 \$38.00	\$27.79	-	1	•	1			97	1
<b>-</b>	Sterling Option I Today's Option	Sterling Option I Today's Options Basic	1	1	1	<del>  :</del>	1		\$38.00 \$14.95	-	-	<b> </b>		-				+
<b> </b>	roday's Option	Today's Options Basic Today's Options Premier	+	<del>                                     </del>		<b>:</b>	<del>                                     </del>		\$14.95 \$26.95	-		<del>                                     </del>						+
-	UCare Minnesota	Minnesota Senior Health Options	+	-	<del>                                     </del>	<u> </u>	<del>                                     </del>		\$33.11	\$33.11	<b></b>	<b> </b>		-			91	
<b> </b>	Coale Willinesota	UCare for Senior Silver		1	1	1	1	•	\$56.00	φοσ.11	1	1	<u> </u>	-			91	<del></del>
		UCare for Seniors Silver Plus	+÷	<b>-</b>			<b>-</b>		\$92.00	\$31.48	•						97	•
	<del>-  </del>	UCare for Seniors Crystal	•	1	1	1	1		\$121.00	\$32.50	•	1		· •			97	·
	Unicare Life & Health Ins. Company	SecurityChoice Classic	† -	1	1	•	1		\$0.00	-	l -	1		<u> </u>			- 5,	<del>                                     </del>
	2	SecurityChoice Plus	1	1	<b>†</b>	•	1		\$4.00	\$0.00	l	1					88	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CARLTON	Blue Cross and Blue Shield of	MedicareBlue PPO Essential							<b>\$</b> 00.00									
CARLION	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	First Plan Blue	First Plan Blue - MSHO						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								L
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00									
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx Humana Gold Choice PFFS H1804-025					٠		\$177.66 \$0.00	\$67.66 \$0.00	•			•		•	84 97	•
	Humana Insurance Company Medica Dual Solution	Medica Dual Solution	1			•			\$0.00	\$0.00	•	<u> </u>		•			90	•
	Medica Health Plans	Medicare Advantage Solution Choice	1					•	\$2.80	\$2.80		<u> </u>	•				90	•
	Medica rieditii Fidiis	Medica Advantage Solution			-	•			\$1.07	\$1.07		<b> </b>	•				90	<u> </u>
		NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic	1				•		\$122.53	\$26.53		1					91	•
	moded modrance company	Prime Solution Enhanced	1				•		\$141.53	\$26.53	•	1		•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	1			•	Ė		\$0.00	-		1		İ -			,	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic		1	1	•			\$14.95	-								
	<u> </u>	Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				٠			\$4.00	\$0.00			•	•			88	•

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					Г	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CARVER	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22									
CARVER	IVIII II IESOLA	Wedicarebide 11 O Esseridar			·		1		\$30.22	<u> </u>								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	_								
									40.00									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue			•				\$32.11	\$32.11	•	1	•	•	1	1	90	•
	HealthPartners	Freedom Plan I	-	<del>                                     </del>				⊢ •	\$49.00	φ32.11	<u> </u>	<u> </u>	•		<u> </u>	<del> </del>	30	
	ricalan articis	Freedom Plan I with Standard Rx		1			•		\$68.88	\$19.88		1			1	1	84	
		Freedom Plan II		1			•		\$75.00	φ19.00	· ·	1		•	1	1	04	·
		Freedom Plan II with Standard Rx		1			•		\$94.88	\$19.88	•	1			1	1	84	•
-		Freedom Plan III					÷		\$110.00	ψ13.00 -	<u> </u>	1		<u> </u>	1	1	04	•
-		Freedom Plan I with Enhanced Rx					÷		\$116.66	\$67.66		1			1		84	
		Freedom Plan III with Standard Rx					÷		\$129.88	\$19.88	<u> </u>	1		<u> </u>	1	· •	84	•
		Freedom Plan II with Enhanced Rx	-	<del>                                     </del>			•	-	\$142.66	\$67.66	•	<u> </u>		•	<u> </u>	•	84	•
		Freedom Plan III with Enhanced Rx		1			•		\$177.66	\$67.66	•	1		-	1	•	84	•
		Classic	•	<del>                                     </del>			<del>L -</del>	-	\$202.11	\$20.67	<u> </u>	<u> </u>		<del></del>	<u> </u>	<del>                                     </del>	84	•
	HealthPartners Classic MN Senior	Classic	+ •	<del>                                     </del>			<del>                                     </del>	-	Ψ202.11	Ψ20.07	<u> </u>	<u> </u>	•		<u> </u>	<del> </del>	04	•
	Health Options	Classic for Minnesota Senior Health Option							\$4.56	\$4.56							84	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	-	<del>                                     </del>		•	<del>                                     </del>	⊢ •	\$0.00	\$0.00		<u> </u>	•		<u> </u>	<del> </del>	97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•	· ·		1	90	•
	Medica Health Plans	Medicare Advantage Solution Choice						Ť	\$1.87	\$1.87						1	90	•
	Wedica Fleatiff Taris	Medica Advantage Solution	-	<del>                                     </del>		<del>l i</del>	<del>                                     </del>	-	ψ1.07	ψ1.07	<u> </u>	<u> </u>	•		<u> </u>	<del> </del>	30	•
		NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic		1			•		\$122.53	\$26.53		1		•		1	91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53		1		•	1	1	91	•
	Metropolitan Health Plan MSHO	MHP-MnSHO		1				•	\$33.11	\$33.11		1				1	90	•
	North Star Advantage / North Star			<b>†</b>			<b>†</b>		Ţ.J	\$20.11	<b>†</b>	<b>†</b>			<b>†</b>	<b>†</b>	30	
	Advantage Plus	North Star Advantage	•						\$0.00	-								
	ĭ										1				1	1		
		North Star Advantage Plus	•						\$42.90	\$42.90			•		1		90	
	Sterling Option I	Sterling Option I		Ì		•			\$38.00	-				1				
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare Complete						•	\$33.11	\$33.11			•	1			91	•
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00		1	•	•			88	•

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		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduc	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
CASS	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•	ш	\$75.00	-								
		Freedom Plan II with Standard Rx					•	ш	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•	ш	\$110.00	-								
		Freedom Plan I with Enhanced Rx					•	ш	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠	$ldsymbol{\sqcup}$	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠	$ldsymbol{\sqcup}$	\$142.66	\$67.66	•			•		•	84	•
	<u> </u>	Freedom Plan III with Enhanced Rx					•	ш	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		$\vdash \vdash$	\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution Medica Health Plans	Medica Dual Solution						$\vdash$	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice  Medica Advantage Solution	1			•		$\vdash$	\$1.87	\$1.87		<u> </u>	•				90	•
		NonMetroStandard						1 1	\$9.00	_								
	Medica Insurance Company	Prime Solution Basic	1	1			•	$\vdash$	\$122.53	\$26.53	•	1		•			91	
		Prime Solution Enhanced	1	1			•	-	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I	<del>†                                      </del>	<b>†</b>		•		$\vdash$	\$38.00	-							J.	
	UCare Minnesota	Minnesota Senior Health Options	1					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•					$\vdash$	\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•		ĺ	•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М	ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHIPPEWA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential						\$30.22									
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1		•				\$124.60	\$40.58		•		•			90	•
	Blue Plus SecureBlue	MedicareBlue PPO Enhanced Plus Rx 2 Blue Plus SecureBlue		•				\$137.92 \$32.11	\$53.90 \$32.11	•			•			97 90	•
	HealthPartners	Freedom Plan I				•	Ť	\$49.00	ψ02.11		-				-	30	
	ricalan articis	Freedom Plan I with Standard Rx	1			•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II	1			÷		\$75.00	ψ13.00 -	-			•			04	•
		Freedom Plan II with Standard Rx				•		\$94.88	\$19.88	•	-		•		-	84	•
		Freedom Plan III				÷		\$110.00	ψ13.00 -	-			•			04	•
		Freedom Plan I with Enhanced Rx	1			÷		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx	<del>                                     </del>			÷		\$129.88	\$19.88	•			-		<del>                                     </del>	84	•
		Freedom Plan II with Enhanced Rx				÷		\$142.66	\$67.66	•	-		•		•	84	•
		Freedom Plan III with Enhanced Rx	<del>                                     </del>			÷		\$177.66	\$67.66	-			-		- ·	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•	_		\$0.00	\$0.00	•			•		<u> </u>	97	•
	Medica Health Plans	Medicare Advantage Solution Choice			•			\$1.87	\$1.87							90	•
	Woulde Floater Faire	Medica Advantage Solution NonMetroStandard			•			\$9.00	-							- 00	-
	Medica Insurance Company	Prime Solution Basic				•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced				•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1			•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-								
	Sterling Option I	Sterling Option I			•			\$38.00	-								
	Today's Option	Today's Options Basic	Ì		•			\$14.95	-			İ				İ	
		Today's Options Premier			•			\$26.95	-								
	UCare Minnesota	UCare for Seniors Silver	•					\$56.00	-								
		UCare for Seniors Silver Plus	•					\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•					\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•			\$4.00	\$0.00			•	•			88	•

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		Description								•	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					Г	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHISAGO	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00									
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	North Star Advantage / North Star Advantage Plus	North Star Advantage							\$0.00	-								
		North Star Advantage Plus							\$42.90	\$42.90			•				90	
	Sterling Option I	Sterling Option I	ļ		ļ	•		ш	\$38.00			1		ļ		ļ		
	UCare Minnesota	Minnesota Senior Health Options	1	1	ļ			•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•	1	ļ			ш	\$34.00	-								
		UCare for Seniors Value Plus	•	1	ļ			ш	\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•			•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	Drug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	ĺ
CLAY	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								Ļ
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								<u> </u>
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	<b></b>
	HealthPartners	Freedom Plan I					•		\$49.00									<b></b>
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-							0.4	<del></del>
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00 \$116.66	\$67.66							0.4	<del></del>
		Freedom Plan I with Enhanced Rx Freedom Plan III with Standard Rx	1				•		\$116.66	\$19.88	•	-		•		•	84 84	-:-
		Freedom Plan II with Enhanced Rx	1				•		\$142.66	\$67.66	- :-	-	1	-	1		84	:
		Freedom Plan III with Enhanced Rx	1				÷		\$177.66	\$67.66	<u> </u>	-	1	-:	1	<del>- : -</del>	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	+			•	_	-	\$0.00	\$0.00	- ·	1		-	<u> </u>	<del>                                     </del>	97	·
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80	+	+		<u> </u>			90	•
	Medica Health Plans	Medicare Advantage Solution Choice							\$1.87	\$1.87	-	+	•				90	•
	moded reduit ridite	Medica Advantage Solution NonMetroStandard							\$9.00	ψ1.07 -							30	
	Medica Insurance Company	Prime Solution Basic	1			<u> </u>			\$122.53	\$26.53		1	1	•	1		91	
		Prime Solution Enhanced	1				·		\$141.53	\$26.53	•	1	1	•	1		91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	<del>†                                      </del>			•			\$25.00	-					<b>†</b>			
		SecureHorizons Direct Premier Plan 200	1			•			\$85.00	-					1			i
	Sterling Option I	Sterling Option I	1			•		1	\$38.00	-	1	1			1	İ		i
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								1
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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	in acto, plane approved ac	Description				71020	. g u		,		Cost	,			Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
0.5.0	Blue Cross and Blue Shield of																	
CLEARWATER	Minnesota	MedicareBlue PPO Essential			•	<b> </b>			\$30.22	-					ļ			<del>                                     </del>
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	_								i !
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	.
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00									
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
	+	Freedom Plan II Freedom Plan II with Standard Rx	<del>                                     </del>			1	•		\$75.00 \$94.88	- \$19.88				•	-		84	•
		Freedom Plan III					÷		\$110.00	-	<u> </u>			<del></del>			04	<del></del>
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company Medica Health Plans	Humana Gold Choice PFFS H1804-025  Medicare Advantage Solution Choice				•			\$0.00 \$1.87	\$0.00 \$1.87	•		•	•			97 90	•
	Wedica Health Flans	Medica Advantage Solution	1			<u> </u>	1	-	\$1.07	\$1.07			•				90	
		NonMetroStandard							\$9.00	-								1
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
	0. " 0 " 1	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I Today's Option	Sterling Option I Today's Options Basic				•			\$38.00 \$14.95	-								+
	Today's Option	Today's Options Premier				<u> </u>			\$14.95 \$26.95	-								<b> </b>
	Unicare Life & Health Ins. Company	SecurityChoice Classic				<b>-</b> :-			\$0.00	-								
	Officare Life & Ficality Ins. Company	SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•
соок	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2	1		•				\$137.92	\$53.90		1					97	
	First Plan Blue	First Plan Blue - MSHO						•	\$32.11	\$32.11		İ	•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx	ļ				•		\$68.88	\$19.88	•			•			84	•
<u> </u>		Freedom Plan II	<u> </u>			ļ	٠	<b>!</b>	\$75.00	-		1			ļ		- 04	<b></b>
		Freedom Plan II with Standard Rx Freedom Plan III	<u> </u>				•	-	\$94.88 \$110.00	\$19.88	•	-		•			84	•
	+	Freedom Plan III Freedom Plan I with Enhanced Rx	1	1		1	<u> </u>	1	\$110.00 \$116.66	\$67.66		1	1		1		84	
		Freedom Plan III with Standard Rx	<del> </del>	1		<del>                                     </del>	·	-	\$129.88	\$19.88	<del>- :</del>	1		-:-	1	•	84	•
		Freedom Plan II with Enhanced Rx	1			1	•		\$142.66	\$67.66	· :	1		·	1	•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic	<u> </u>			•	<b></b>	<b>!</b>	\$0.00	-		1			ļ			
	1	SecurityChoice Plus	1			•	<u> </u>	<u> </u>	\$4.00	\$0.00		L	•	•			88	•

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of												(+===)				, , , , , , , , , , , , , , , , , , , ,	
COTTONWOOD	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
	11	Freedom Plan III with Enhanced Rx	<b>_</b>				•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company Medica Health Plans	Humana Gold Choice PFFS H1804-025  Medicare Advantage Solution Choice				•			\$0.00 \$1.87	\$0.00 \$1.87	•	ļ	_	•			97 90	•
	Wedica riealtii Fiaris	Medica Advantage Solution	<del>                                     </del>		-	•			\$1.07	\$1.07			•				90	•
		NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	medica medicance company	Prime Solution Enhanced	1				•		\$141.53	\$26.53	•	1					91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	1			•			\$0.00	-		1					Ü.	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I		1	1	•			\$38.00	-					1			
	UCare Minnesota	Minnesota Senior Health Options		1	1			•	\$33.11	\$33.11			•		1		91	•
		UCare for Seniors Silver	•	<u> </u>					\$56.00	-		<u> </u>						
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				٠			\$4.00	\$0.00			•	•			88	•

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	Blue Cross and Blue Shield of																	
CROW WING	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						٠	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					٠	igspace	\$49.00									
		Freedom Plan I with Standard Rx					•	ш	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II	<u> </u>				•	╙	\$75.00	-								
		Freedom Plan II with Standard Rx	<u> </u>				•	╙	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•	$\vdash \vdash$	\$110.00	-							0.4	
		Freedom Plan I with Enhanced Rx Freedom Plan III with Standard Rx	1				•	$\vdash$	\$116.66 \$129.88	\$67.66 \$19.88	•	<u> </u>		•		•	84 84	•
		Freedom Plan II with Standard Rx	<del>                                     </del>		-		•	$\vdash \vdash$	\$129.88	\$67.66	•	<u> </u>		<u> </u>			84	- :
	+	Freedom Plan III with Enhanced Rx	1				÷	$\vdash$	\$177.66	\$67.66	•	1		-:-		- :	84	<del>- :</del>
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1				•	$\vdash$	\$0.00	\$0.00	•	1		· :		•	97	<del>- : -</del>
	Medica Dual Solution	Medica Dual Solution	+					•	\$2.80	\$2.80	<u> </u>	1	•	•			90	<u> </u>
	Medica Health Plans	Medicare Advantage Solution Choice				•		$\vdash$	\$1.87	\$1.87			•				90	•
	modica ricalitiriano	Medica Advantage Solution NonMetroStandard							\$9.00	-							30	
	Medica Insurance Company	Prime Solution Basic	1				•	$\vdash$	\$122.53	\$26.53		1		•			91	•
		Prime Solution Enhanced	<del>†                                      </del>				•	$\vdash$	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I	1			•		$\vdash$	\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options	1	1	1			•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•	1	İ			$\overline{}$	\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	по предостава предостава по	Description					9		,		Cost	,			Cov	erage		Convenience
			М		ype of Advantage	Plan						Prug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	Fian Name	ПИО	FFU	FFO	Sel vice	Fiaii	FIAII	Fremium)	Freiiliuiii	Zeio	Reduced	(\$250)	Drugs	Offig	Dianus	Formulary	Ollered
DAKOTA	Minnesota	MedicareBlue PPO Essential							\$30.22									
Drittotri	Will licotta	Wedleare Blac 11 o Essential			<del>                                     </del>				ψ30.2Z			1						
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	
		Micalcard Black For Education Flag Flag			1				ψ10.00	ψ 10.00							- 55	-
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
												1						
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						٠	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Harald Bardanas Olasaia MN Osaia	Classic	٠		ļ				\$202.11	\$20.67			•				84	•
	HealthPartners Classic MN Senior	Olevesia for Missacrate One in Decision								0.1.00								
	Health Options	Classic for Minnesota Senior Health Option			ļ			•	\$4.56 \$0.00	\$4.56 \$0.00			•				84	•
	Humana Insurance Company Medica Dual Solution	Humana Gold Choice PFFS H1804-025 Medica Dual Solution				•			\$0.00	\$0.00	•			•			97 90	•
	Medica Buai Solution  Medica Health Plans	Medicare Advantage Solution Choice			-	<b>-</b>		•	\$2.80	\$1.87		-				-	90	•
	Medica Health Flans	Medica Advantage Solution Choice			-	·			\$1.07	\$1.07		-	•			-	90	•
		Standard							\$82.00									
	Medica Insurance Company	Prime Solution Basic				<del>l i</del>	•		\$122.53	\$26.53		1					91	
-	moded modranoc Company	Prime Solution Enhanced	<b>-</b>	1	<del>                                     </del>	<del>                                     </del>	÷	<b>-</b>	\$141.53	\$26.53	-	<del>                                     </del>	l	<del>- :</del>	<del>                                     </del>	<del>                                     </del>	91	<del>- :</del>
	North Star Advantage / North Star	25 datori Erindriood	1	1	1	1	Ť	1	Ψ1-1.00	Ψ20.00	<u> </u>	1	1	<u> </u>	1	1	J.	<del></del>
	Advantage Plus	North Star Advantage	•						\$0.00	-								
		North Star Advantage Plus	•						\$42.90	\$42.90			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
-	UCare Minnesota	Minnesota Senior Health Options	<u> </u>	<u> </u>	<u> </u>	<u> </u>		•	\$33.11	\$33.11			•		1	<u> </u>	91	•
		UCare Complete						•	\$33.11	\$33.11			•				91	•
-		UCare for Seniors Value	•	1	1	<b> </b>	-	-	\$34.00	- #20.20		1	-	ļ	1	1	07	ļ
		UCare for Seniors Value Plus	•		<b> </b>		-	ļ	\$74.00	\$30.30	•	1	ļ	<u> </u>	1	<b> </b>	97 97	•
		UCare for Seniors Classic	•			1			\$104.00	\$31.07	•		l	•	1		97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								•	Cost	·			Cov	erage		Convenience
			М		ype of Advantage	Plan					[	Drug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DODGE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22									
DODGE	IVIII II COOLL	iwedicare blue 11 o Esseriadi	1		•				ψ30.22			1						
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	South Country Health Alliance	SeniorCare Complete		ļ				•	\$22.66	\$22.66			•				97	
	1	AbilityCare	•	ļ					\$27.79	\$27.79			•				97	
	Sterling Option I	Sterling Option I		ļ		•			\$38.00									
	UCare Minnesota	Minnesota Senior Health Options		ļ				•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•	ļ					\$56.00	-		1						
-		UCare for Seniors Silver Plus	•	<b></b>		ļ			\$92.00	\$31.48	•			•			97	•
ļ	Haisess Life & Haalth Inc. Commen	UCare for Seniors Crystal	•	<u> </u>					\$121.00	\$32.50	•	1		•		<u> </u>	97	•
<u> </u>	Unicare Life & Health Ins. Company	SecurityChoice Classic		<del>                                     </del>		•			\$0.00	-	<u> </u>			ļ				
		SecurityChoice Plus		l		•			\$4.00	\$0.00	l	1	•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	Drug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of							1										
DOUGLAS	Minnesota	MedicareBlue PPO Essential			•			<u> </u>	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	HealthPartners	Freedom Plan I					٠		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•	<u> </u>	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠	<u> </u>	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx	<u> </u>				•	<u> </u>	\$142.66	\$67.66	•			•		•	84	•
	<del></del>	Freedom Plan III with Enhanced Rx					•	<u> </u>	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company Medica Health Plans	Humana Gold Choice PFFS H1804-025  Medicare Advantage Solution Choice	-	-		•		<u> </u>	\$0.00 \$1.87	\$0.00 \$1.87	•	<u> </u>		•			97 90	•
	Medica Health Plans	Medicare Advantage Solution  NonMetroStandard							\$9.00	\$1.07			•				90	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•		1	•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic	1			•		<u> </u>	\$0.00	-	<u> </u>		ļ	ļ				
		SecurityChoice Plus			l	•		<u> </u>	\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		Гуре of Advantage	Plan					[	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FARIBAULT	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22									ĺ
FARIBAULI	Willinesota	WedicareBlue FFO Essential	1		•				\$30.22	-		-						<del></del>
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00									ĺ
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								Ĺ
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								<u> </u>
		UCare for Seniors Silver Plus	٠						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•					<u> </u>	\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		<u> </u>	\$0.00	-				ļ				<b></b>
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FILLMORE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					٠		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				٠			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				٠			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-		1					Ŭ.	
		SecureHorizons Direct Premier Plan 200	1	1	1	•			\$85.00	-		1		1	1		1	
	Sterling Option I	Sterling Option I	1	1	1	•			\$38.00	-		1		1	1		1	
	UCare Minnesota	Minnesota Senior Health Options	<del>                                     </del>					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver		1	1				\$56.00	φοσ.11		1		1	1		<u> </u>	
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus	1		1	•			\$4.00	\$0.00		1	•	•	<b>i</b>	l	88	•

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan						Prug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FREEBORN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-							30	
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•	1		•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00									
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-		1						
	South Country Health Alliance	SeniorCare Complete						•	\$22.66	\$22.66			•				97	
	·	AbilityCare	•						\$27.79	\$27.79			•				97	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-			İ				İ	
	·	Today's Options Premier				•			\$26.95	-			İ				İ	
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•		İ	•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
	, ,	SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of								,				(* /				,	
GOODHUE	Minnesota	MedicareBlue PPO Essential			•			1	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•	لــــــــا	\$49.00									
		Freedom Plan I with Standard Rx					٠	lacksquare	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II Freedom Plan II with Standard Rx	1	1			•	igwdapprox	\$75.00 \$94.88	- \$19.88	<u> </u>						84	
		Freedom Plan III	1	1	<u> </u>			igwdapprox	\$110.00	\$19.00	•	ļ		•			04	•
		Freedom Plan I with Enhanced Rx	<del>                                     </del>		<b> </b>		•	$\vdash \vdash \vdash$	\$110.00	\$67.66					<u> </u>	-	84	•
		Freedom Plan III with Standard Rx	1				÷	$\vdash$	\$129.88	\$19.88	•			<del>- :</del>		·	84	<u> </u>
		Freedom Plan II with Enhanced Rx	+		1		•	$\vdash$	\$142.66	\$67.66	- ·			•	1		84	•
		Freedom Plan III with Enhanced Rx	1		1		•	1	\$177.66	\$67.66	•	1		•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1		ì	•		$\vdash$	\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution							4									
		NonMetroStandard				•		lacksquare	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic	1	1	<u> </u>		٠	igwdapprox	\$122.53	\$26.53	•	ļ		•			91	•
	South Country Health Alliance	Prime Solution Enhanced SeniorCare Complete	1	1	<u> </u>		٠		\$141.53 \$22.66	\$26.53 \$22.66	•	ļ	_	•			91 97	•
-	Journ Country Freditti Alliance	AbilityCare		1		1		⊢∸	\$27.79	\$27.79		1	•	-	ł		97	
<del></del>	Sterling Option I	Sterling Option I	۲Ť	1	<b> </b>			$\vdash$	\$38.00	-	<del>                                     </del>	<b> </b>	<del>                                     </del>	1	<del>                                     </del>		31	
	UCare Minnesota	Minnesota Senior Health Options	+-	1	<b> </b>	<del></del>		<b>⊢.</b> ⊢	\$33.11	\$33.11	<del>                                     </del>	<b> </b>		1	<del>                                     </del>		91	
		UCare for Seniors Silver	•	1	1	1		$\vdash$	\$56.00	-		1	<u> </u>	1	1		<u> </u>	-
		UCare for Seniors Silver Plus	•					$\vdash$	\$92.00	\$31.48	•			•	1		97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-			1				1	
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО		Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
GRANT	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx Freedom Plan II with Enhanced Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx Freedom Plan III with Enhanced Rx					•		\$142.66 \$177.66	\$67.66 \$67.66	•			•		•	84 84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$177.66	\$0.00	•			<b>-</b> :-		•	97	•
	Medica Health Plans	Medicare Advantage Solution Choice			-	-:			\$1.87	\$1.87	•	-	•	•		-	90	:
	Wedica rieditii Fidiis	Medica Advantage Solution			-	_ •			\$1.07	\$1.07		-	•			-	90	<u> </u>
		NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic		<del>                                     </del>			•		\$122.53	\$26.53	•			•			91	•
	ivicalca insurance company	Prime Solution Enhanced		<b> </b>			÷		\$141.53	\$26.53	-			<u> </u>			91	•
	Primewest Health System	PrimeWest Senior Health Complete		<b> </b>			Ť		\$31.49	\$31.49	<u> </u>		•	<del>                                     </del>			90	<del></del>
	SecureHorizons Direct	SecureHorizons Direct Plan 2	1	1	1	•		l -	\$0.00	ψ31.43 -	1	1	l			1	- 50	<b>—</b>
	TTT. OF TOTAL DISCON	SecureHorizons Direct Premier Plan 200				•			\$85.00	-	1			1				
	Sterling Option I	Sterling Option I				•			\$38.00	-	1			1				
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus	1	1	İ	•			\$4.00	\$0.00		İ	•	•		İ	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description									Cost				Cov	erage		Convenience
			М		Гуре of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of							ļ										
HENNEPIN	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
								ļ										
		MedicareBlue PPO Enhanced Plus Rx 2			•			لـــــــــا	\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•	Щ.	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠	Щ.	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•	Щ.	\$177.66	\$67.66	•			•		•	84	•
		Classic	•					Щ.	\$202.11	\$20.67			•				84	•
	HealthPartners Classic MN Senior	Olereda for Misservata Orador Health Orador						,	0.1.00	21.50								
	Health Options	Classic for Minnesota Senior Health Option						•	\$4.56	\$4.56			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00 \$2.80	•			•			97	•
	Medica Dual Solution Medica Health Plans	Medica Dual Solution  Medicare Advantage Solution Choice						•	\$2.80				•			<u> </u>	90	•
	Medica rieditii Fidiis	Medica Advantage Solution Metro-			-	•		$\longmapsto$	\$1.87	\$1.87			•			1	90	•
		Standard				_		,	\$82.00	_								
	Medica Insurance Company	Prime Solution Basic			+	•	•	$\vdash$	\$122.53	\$26.53	•					1	91	•
	Medica insurance Company	Prime Solution Enhanced			+		·	$\vdash$	\$141.53	\$26.53	•			<u> </u>		1	91	•
	Metropolitan Health Plan MSHO	MHP-MnSHO					<u> </u>		\$33.11	\$33.11				<del>                                     </del>		<del>                                     </del>	90	•
	North Star Advantage / North Star	IVII IVIIIO IO			<b> </b>			۲	ψ00.11	ψ55.11			<del>l                                     </del>			<b> </b>	30	· ·
	Advantage Plus	North Star Advantage					1		\$0.00	_			1					
	, aranago i ido		Ť															
		North Star Advantage Plus	•						\$42.90	\$42.90		1	•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11		1	•				91	•
		UCare Complete						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•					igsquare	\$34.00	-			ļ			ļ		
		UCare for Seniors Value Plus	•					ш	\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•	1		1	1	,	\$104.00	\$31.07	•			•			97	•

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	,	of October 10, 2005. The data Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduc	ible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HOUSTON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
										640.50							20	
		MedicareBlue PPO Essential Plus Rx 1  MedicareBlue PPO Enhanced			•				\$70.80 \$84.02	\$40.58		<u> </u>		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
<u> </u>	Blue Plus SecureBlue	Blue Plus SecureBlue	<b>†</b>		<u> </u>	<del>                                     </del>		•	\$32.11	\$32.11	<u> </u>	1	•	<u> </u>	1	<del>                                     </del>	90	•
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx	1				•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II Freedom Plan II with Standard Rx	1	1			•		\$75.00 \$94.88	\$19.88	•						84	•
		Freedom Plan III					•		\$110.00	-				_			04	·
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx Freedom Plan II with Enhanced Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan III with Enhanced Rx	1	1			•		\$142.66 \$177.66	\$67.66 \$67.66	•			•		:	84 84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				•			\$85.00 \$38.00	-								
	Today's Option	Today's Options Basic				<u> </u>			\$14.95	-								
	, i	Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver UCare for Seniors Silver Plus	•			ļ			\$56.00 \$92.00	- \$31.48						ļ	97	•
		UCare for Seniors Crystal	-						\$121.00	\$32.50	-			<del>- : -</del>			97	- :
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								_
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•
HUBBARD	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
HUBBARD	Willinesota	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I Freedom Plan I with Standard Rx	1	l		1	•	-	\$49.00 \$68.88	- \$19.88	•	1				1	84	•
		Freedom Plan II	1	<del> </del>		<del>                                     </del>	•		\$75.00	- 19.00	<u> </u>	-		•			04	•
		Freedom Plan II with Standard Rx	1				•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-				1				
		Freedom Plan I with Enhanced Rx Freedom Plan III with Standard Rx	1	<del>                                     </del>		-	•		\$116.66 \$129.88	\$67.66 \$19.88	•			-:-		•	84 84	•
		Freedom Plan II with Standard Rx Freedom Plan II with Enhanced Rx	1	<del> </del>		<del>                                     </del>	•		\$142.66	\$67.66	•	-		<del>- : -</del>			84	-:
		Freedom Plan III with Enhanced Rx		<u> </u>			•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice	ļ	<b>!</b>		•			\$1.87	\$1.87			•	1			90	•
		Medica Advantage Solution NonMetroStandard							\$9.00					1				
	Medica Insurance Company	Prime Solution Basic		<u> </u>			•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
l	Sterling Option I	Sterling Option I				•			\$38.00	-								

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		Description								Cost				Cov	erage		Convenience
			M	ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
,	Blue Cross and Blue Shield of							, i				(* /				,	
ISANTI	Minnesota	MedicareBlue PPO Essential		•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1		•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1		•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I				٠		\$49.00	-								
		Freedom Plan I with Standard Rx				•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II				•		\$75.00	-								
		Freedom Plan II with Standard Rx				٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III				٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx				٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx				•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx				•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx				٠		\$177.66	\$67.66	•			•		•	84	•
		Classic	٠					\$202.11	\$20.67			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution  Medica Health Plans	Medica Dual Solution					•	\$2.80 \$1.87	\$2.80 \$1.87			•				90 90	•
	Medica Health Plans	Medicare Advantage Solution Choice  Medica Advantage Solution			•			\$1.87	\$1.87		ļ	•				90	•
		NonMetroStandard						\$9.00	_								
	Medica Insurance Company	Prime Solution Basic				•	-	\$122.53	\$26.53	•	1		•			91	•
		Prime Solution Enhanced				•		\$141.53	\$26.53	•	1					91	•
	Sterling Option I	Sterling Option I			•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•					\$34.00	-			1				İ	
		UCare for Seniors Value Plus	•					\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•					\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•		1	\$4.00	\$0.00		1	•	•			88	•

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan						Orug Deduc	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	I fall Ivallie	TIMO	110	110	Jei vice	I lall	Fian	i remium)	riemium	2610	Reduced	(\$250)	Drugs	Offity	Dianus	Torritalary	Ollered
ITASCA	Minnesota	MedicareBlue PPO Essential						1 1	\$30.22	_								
11710071	Willingsota	Wedicare Bide 11 O Essential		<del>                                     </del>	<del>                                     </del>			$\vdash$	ψ30.22			1		+		1		
		MedicareBlue PPO Essential Plus Rx 1						1 1	\$70.80	\$40.58							90	
				1				$\vdash$	4.0.00							1		
		MedicareBlue PPO Enhanced			•			1 1	\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	
		MedicareBlue PPO Enhanced Plus Rx 2			•			ш	\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•	$ldsymbol{\sqcup}$	\$49.00									
		Freedom Plan I with Standard Rx					•	$ldsymbol{\sqcup}$	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•	ш	\$75.00	-								
		Freedom Plan II with Standard Rx					•	ш	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•	ш	\$110.00	-								
		Freedom Plan I with Enhanced Rx					•	ш	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•	ш	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•	ш	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•	ш	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		ш	\$0.00	\$0.00	•			•			97	•
	Itasca Medical Care	IMCare Classic						•	\$33.11	\$33.11			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•		ш	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																1
		NonMetroStandard				•		ш	\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•	ш	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•	تــــــــــــــــــــــــــــــــــــــ	\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•		ш	\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		ш	\$0.00	-								
	· · · · · · · · · · · · · · · · · · ·	SecurityChoice Plus	1			•		1 7	\$4.00	\$0.00			•	•	1	1	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
JACKSON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22									
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Disc Disc Occurs Disc	MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue	1					•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00									
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	ļ			•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice	ļ			•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00									
	Medica Insurance Company	Prime Solution Basic				•	_		\$9.00 \$122.53	\$26.53		<u> </u>		_			01	_
	Medica insurance Company	Prime Solution Enhanced	1				٠		\$122.53	\$26.53	•	ļ		•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1					٠		\$141.53		•	<u> </u>		•			91	•
	Securemonzons Direct	SecureHorizons Direct Premier Plan 200	<del>                                     </del>	1	<del>                                     </del>	•	-		\$85.00	-	<u> </u>	<del>                                     </del>		<del>                                     </del>		<del>                                     </del>	<b> </b>	
<b> </b>	Sterling Option I	Sterling Option I	-	<del>                                     </del>	-	•			\$85.00		<b> </b>	<b> </b>		1	-	-	-	
-	Today's Option	Today's Options Basic	-	<del>                                     </del>	-	:			\$14.95	-	<b> </b>	<b> </b>		1	-	-	-	
<u> </u>	Today's Option	Today's Options Basic Today's Options Premier	<del>                                     </del>	1		-	-		\$14.95 \$26.95		<u> </u>	<del>                                     </del>		<del>                                     </del>		<del>                                     </del>	<b> </b>	
-	UCare Minnesota	Minnesota Senior Health Options	1			•			\$33.11	\$33.11	1	1					91	•
-	ocare Millinesota	UCare for Senior Silver		1	1	1		-	\$56.00	\$33.11	1	1	•	1	1	1	91	•
<b> </b>	+	UCare for Seniors Silver Plus		<del>                                     </del>	-	<b> </b>			\$92.00	\$31.48	•	<b> </b>			-	-	97	•
-		UCare for Seniors Crystal	<u> </u>	1	1	1			\$121.00	\$31.46	- <del>:</del>	1		- :	1	1	97	:
-	Unicare Life & Health Ins. Company	SecurityChoice Classic	<u> </u>	1	1			-	\$0.00	\$32.50	<u> </u>	1		•	1	1	91	•
	Officare Life & Frealth Iris. Company		1		<b> </b>	<u> </u>						1		<b>+</b>		<b> </b>	00	
<u> </u>		SecurityChoice Plus	<u> </u>			•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								•	Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					[	Drug Deduc	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
KANABEC	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					٠		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice	<u> </u>			•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00									
	Medica Insurance Company	Prime Solution Basic	1			•	_		\$9.00 \$122.53	\$26.53		1		_			01	
	ivieuica msurance Company	Prime Solution Enhanced	1				•		\$122.53	\$26.53	•			•			91 91	•
	South Country Health Alliance	SeniorCare Complete	1				·		\$22.66	\$20.53	<u> </u>		•	•			97	•
	Coddi Codini y Flediti Alliance	AbilityCare	•					-	\$27.79	\$27.79			•	1			97	
	Sterling Option I	Sterling Option I	<del>t -</del>			•			\$38.00	φ21.13			H -				37	
	UCare Minnesota	UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•	1		•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic	1			•			\$0.00	-								
	, ,	SecurityChoice Plus	1			•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					Г	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KANDIYOHI	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02									
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200	ļ	ļ	ļ	•			\$85.00	-		1				<b> </b>		
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic	ļ	ļ	ļ	•			\$14.95	-		1				<b> </b>		
	110	Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options				<u> </u>		•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	٠						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
	Halana I'fa O Haalib Iaa C	UCare for Seniors Crystal	•			<u> </u>			\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-				ļ				
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO				Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KITTSON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•	,	\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•	,	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	٠			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
	,	Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		$oxed{oxed}$	\$0.00	-								
L		SecurityChoice Plus		<u> </u>	L	•		'	\$4.00	\$0.00			•	•	<u> </u>	L	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of												(4-00)	g-			, , , , , , , , , , , , , , , , , , , ,	
KOOCHICHING	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
									****									
		MedicareBlue PPO Enhanced	1		•		$oldsymbol{\sqcup}$	igwdot	\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•		Ш		\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2					1 1	1 1	\$137.92	\$53.90							97	
	First Plan Blue	First Plan Blue - MSHO	+		<del>                                     </del>		$\vdash \vdash$	•	\$32.11	\$32.11		<del> </del>	•	<u> </u>			90	•
	HealthPartners	Freedom Plan I	1				•	$\vdash$	\$49.00	Ψ02.11		1					30	
	Floatan artifold	Freedom Plan I with Standard Rx	1				•	$\vdash$	\$68.88	\$19.88	•	1					84	•
		Freedom Plan II	1				•	$\vdash$	\$75.00	-		1					0.	
		Freedom Plan II with Standard Rx					•	$\vdash$	\$94.88	\$19.88	•	ì		•			84	•
		Freedom Plan III					•	$\vdash$	\$110.00	-		ì						
		Freedom Plan I with Enhanced Rx					•	$\vdash$	\$116.66	\$67.66	•	ì		•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•	1		•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•	1		•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•	1		•			97	•
	Itasca Medical Care	IMCare Classic						•	\$33.11	\$33.11		Ĭ	•				90	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87		Ĭ	•				90	•
		Medica Advantage Solution																
<u></u>		NonMetroStandard			<u></u>	•	<sup> </sup>	!	\$9.00	-				<u> </u>		<u>                                     </u>		
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				٠	ш╹	ш₹	\$4.00	\$0.00		<u> </u>	•	•			88	•

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		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage I	Plan					С	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
LAC QUI PARLE	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
	M. F. J. L. C. C. C. C. C. C. C. C. C. C. C. C. C.	NonMetroStandard				•			\$9.00 \$122.53	\$26.53							0.4	
	Medica Insurance Company	Prime Solution Basic					٠				•	<u> </u>		•		ļ	91	•
	Sterling Option I	Prime Solution Enhanced Sterling Option I		1	1		٠		\$141.53 \$38.00	\$26.53	•	ļ		•			91	•
	UCare Minnesota	Minnesota Senior Health Options	1	<del>                                     </del>		•		•	\$38.00	\$33.11		<u> </u>					91	
	OGale Willinesola	UCare for Seniors Silver		1				•	\$56.00	\$33.11	1	1	•	-			91	•
	+	UCare for Seniors Silver Plus	<u> </u>	1					\$92.00	\$31.48	•	1					97	
	+	UCare for Seniors Crystal	<b>:</b>	<del>                                     </del>	1				\$121.00	\$31.46	•	1		<del>- : -</del>		-	97	:
<del></del>	Unicare Life & Health Ins. Company	SecurityChoice Classic	<b>⊢</b> •	<del>                                     </del>					\$0.00		⊢ •	<b> </b>		<u> </u>			31	•
	ooaro Elio a Fiodiai irio. Company	SecurityChoice Plus		<del>                                     </del>	<del>                                     </del>				\$4.00	\$0.00	<del>                                     </del>	<del>                                     </del>			-	<del>                                     </del>	88	

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan						Orug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service				Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	i iun rume	111110			OCIVICO	ı ıaıı	i iuii	1 Tolliality	1 TOITHUM	2010	ricaucca	(ψ200)	Drugs	Orny	Dianas	1 Officially	Oncica
LAKE	Minnesota	MedicareBlue PPO Essential						,	\$30.22	_								í
	I I I I I I I I I I I I I I I I I I I	Micalcare Bide 1 1 G Eccondar						<del>                                     </del>	Ψ00.22			+						
		MedicareBlue PPO Essential Plus Rx 1						,	\$70.80	\$40.58							90	
			1					<del>                                     </del>	4.0.00									
		MedicareBlue PPO Enhanced			•			,	\$84.02	-								í
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	
	First Plan Blue	First Plan Blue - MSHO						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								i
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								i
		Freedom Plan II with Standard Rx					•	1	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								i
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•	1	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•		1	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																1
		NonMetroStandard				•			\$9.00	-			<u> </u>					<u> </u>
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	,	Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			M	Гуре of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LAKE OF WOODS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential						\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90							97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						\$32.11	\$32.11							90	
	HealthPartners	Freedom Plan I						\$49.00	-								
		Freedom Plan I with Standard Rx						\$68.88	\$19.88							84	
		Freedom Plan II						\$75.00	-								
		Freedom Plan II with Standard Rx						\$94.88	\$19.88							84	
		Freedom Plan III						\$110.00	-								
		Freedom Plan I with Enhanced Rx						\$116.66	\$67.66							84	•
		Freedom Plan III with Standard Rx				•		\$129.88	\$19.88				•			84	•
		Freedom Plan II with Enhanced Rx				•		\$142.66	\$67.66	•						84	•
		Freedom Plan III with Enhanced Rx				•		\$177.66	\$67.66	•						84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025						\$0.00	\$0.00	•						97	•
	Medica Insurance Company	Prime Solution Basic				•		\$122.53	\$26.53							91	•
		Prime Solution Enhanced				•		\$141.53	\$26.53	•						91	•
	Sterling Option I	Sterling Option I						\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus						\$4.00	\$0.00							88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					Г	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LE SUEUR	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30,22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	-							- 00	-
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						٠	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-		1					Ŭ.	
		SecureHorizons Direct Premier Plan 200	1	1	1	•			\$85.00	-	1	1		1	1		1	
	Sterling Option I	Sterling Option I	1	1	1	•			\$38.00	-	1	1		1	1		1	
	UCare Minnesota	Minnesota Senior Health Options	<del>                                     </del>					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver		1	1				\$56.00	φοσ.11 -	1	1		1	1		<u> </u>	
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic	1			•			\$0.00	-	1	1		1			<del></del>	
		SecurityChoice Plus	1			•			\$4.00	\$0.00	1	1	•	•	<b>i</b>		88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		Гуре of Advantage	Plan					[	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LINCOLN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22									ĺ
LINCOLIN	IVIII II lesota	WedicareBlue FFO Essential	1		•			<u> </u>	\$30.22	-		-						<del></del>
		MedicareBlue PPO Essential Plus Rx 1			•			<u> </u>	\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								Ĺ
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								<u> </u>
		UCare for Seniors Silver Plus	٠						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•					<u> </u>	\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•		<u> </u>	\$0.00	-				ļ				<b></b>
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of												(+===)		,			
LYON	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11	•		•				90	•
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution							60.00									
	Medica Insurance Company	NonMetroStandard Prime Solution Basic				•	•		\$9.00 \$122.53	\$26.53		ļ					91	•
	Medica insurance Company	Prime Solution Enhanced					÷		\$122.53 \$141.53	\$26.53			-	<del>- : -</del>			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3					•		\$0.00	\$20.55 -	•	1		-			91	•
	TTT STORESTO BITOS	SecureHorizons Direct Premier Plan 200		1	1	•			\$85.00	-		1			1			
	Sterling Option I	Sterling Option I				•			\$38.00	-		1	1	1			1	
	UCare Minnesota	Minnesota Senior Health Options							\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•		1	•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М	ype of Advantage	Plan						Prug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	, iai rano		 	00.1.00	. idii		1 1011110111)	11011111111	2010	rtoddood	(\$200)	D. ago	O.ny	Brando	. ormanary	0.10104
MAHNOMEN	Minnesota	MedicareBlue PPO Essential		•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90	•						97	
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I				•		\$49.00	-								
		Freedom Plan I with Standard Rx				•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II				•	ldot	\$75.00	-								
		Freedom Plan II with Standard Rx				•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III				•	ldot	\$110.00	-								
		Freedom Plan I with Enhanced Rx				•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx				•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx				•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx				•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice	<u> </u>		•		igspace	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard			•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic				•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced				•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I			•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	<u> </u>			Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	НМО		Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
MARSHALL	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	_								
		Wedicarebide 11 O Efficienced	1		·				ψ04.02	_		1				1		
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-						1		
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•		1	84	•
		Freedom Plan II					•		\$75.00	-						1		
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•		Ĭ .	84	•
		Freedom Plan III					•		\$110.00	-						1		
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•		Ĭ	84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					٠		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					٠		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00									
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11		ļ	•				91	•
		UCare for Seniors Grand	•		ļ				\$52.00	-		ļ			<b> </b>	ļ		
		UCare for Seniors Grand Plus	•	ļ					\$89.00	\$31.48	•	ļ	<b></b>	•			97	•
	Hadana I Va A Haalib Iaa C	UCare for Seniors Superior	•	1				<u> </u>	\$119.00	\$32.50	•	<u> </u>	<b>.</b>	•	<u> </u>	ļ	97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic	1			•		<u> </u>	\$0.00 \$4.00	-		<b></b>		ļ		ļ		
		SecurityChoice Plus	1			•			\$4.00	\$0.00			•	•		l	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			N		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of												(+===)	g-	,		, , , , , , , , , , , , , , , , , , , ,	
MARTIN	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	
	Blue Plus SecureBlue	Blue Plus SecureBlue	1	1	1			•	\$32.11	\$32.11			•	·			90	
	HealthPartners	Freedom Plan I			ì		•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II			Ĭ		•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1			•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	_								
	SecureHorizons Direct	SecureHorizons Direct Plan 1	1			<u> </u>			\$9.00	-			-					
	Securer forizons bliect	SecureHorizons Direct Premier Plan 200	+		<del> </del>	<u> </u>		-	\$85.00	-		1						
	Sterling Option I	Sterling Option I	+		<del> </del>	÷		-	\$38.00	-		1						
	Today's Option	Today's Options Basic	1	<del>                                     </del>		•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-			1				İ	
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan						Orug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
MC LEOD	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution											1					
		NonMetroStandard				•			\$9.00	-			ļ		ļ			
	Medica Insurance Company	Prime Solution Basic		ļ			٠		\$122.53	\$26.53	•		ļ	•	ļ		91	•
	Deleganos de Haralda Orașia	Prime Solution Enhanced		ļ			٠		\$141.53	\$26.53	•		ļ	•	ļ		91	•
	Primewest Health System	PrimeWest Senior Health Complete		<u> </u>				•	\$31.49	\$31.49			•	ļ	<u> </u>		90	
	Sterling Option I	Sterling Option I		<b></b>		•			\$38.00	-				ļ	<b> </b>			
	Unicare Life & Health Ins. Company	SecurityChoice Classic		<b></b>		•			\$0.00	-				ļ	<b> </b>		00	
		SecurityChoice Plus				•			\$4.00	\$0.00				•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
· · · · · · ·	Blue Cross and Blue Shield of												(+===)	g.			,	
MEEKER	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								1
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	<b></b>
	HealthPartners	Freedom Plan I					•		\$49.00	-								<b></b>
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	- 640.00					<u> </u>		0.4	<del></del>
		Freedom Plan III with Standard Rx Freedom Plan III					٠		\$94.88 \$110.00	\$19.88	•			•		ļ	84	•
		Freedom Plan I with Enhanced Rx	1		<u> </u>		•		\$110.00	- \$67.66							84	
		Freedom Plan III with Standard Rx	1		1		÷		\$129.88	\$19.88	•			<del>                                     </del>	1	<del></del>	84	•
-		Freedom Plan II with Enhanced Rx	<del>                                     </del>		<del> </del>		•		\$142.66	\$67.66	•				<u> </u>	<b>—</b>	84	
		Freedom Plan III with Enhanced Rx	+		1		•		\$177.66	\$67.66	•				1	•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1		1				\$0.00	\$0.00	•						97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	_								
	Medica Insurance Company	Prime Solution Basic			1		•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced			Ĭ		•		\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete			Ĭ			•	\$31.49	\$31.49			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	UCare for Seniors Value	•						\$34.00	-					ļ		ļ	<b></b>
		UCare for Seniors Value Plus	•	ļ	ļ	ļ			\$74.00	\$30.30	•	<b> </b>		•	ļ	<b> </b>	97	•
	Hairana Life O Haalik kaa Oranaan	UCare for Seniors Classic	•						\$104.00	\$31.07	•			•	ļ		97	•
-	Unicare Life & Health Ins. Company	SecurityChoice Classic	1	1	1	•			\$0.00	- *0.00		1			ļ	1	00	
	l .	SecurityChoice Plus	1	1		•			\$4.00	\$0.00			•	•		l	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage I	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
MILLE LACS	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						٠	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice  Medica Advantage Solution	1	1		•			\$1.87	\$1.87			•				90	•
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					٠		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•	ļ					\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•	l		•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cove	erage		Convenience
			М	ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MORRISON	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential		•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I				٠		\$49.00	-								
		Freedom Plan I with Standard Rx				•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II				•		\$75.00	-								
		Freedom Plan II with Standard Rx				•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III				•		\$110.00	-								
		Freedom Plan I with Enhanced Rx				•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx				•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx				٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx				٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution					•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice			•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard						\$9.00	-								
	Medica Insurance Company	Prime Solution Basic				٠		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced				٠		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2			•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200			•			\$85.00									
	Sterling Option I	Sterling Option I			•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•					\$52.00	-								
		UCare for Seniors Grand Plus	•					\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•					\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MOWER	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
III OTTEN	THIN TOO CO.	incularios de la Cocontact	1		<u> </u>				ψ00.22									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	Di Di Di Di	MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue	<u> </u>					•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					٠		\$49.00	-								
		Freedom Plan I with Standard Rx	<u> </u>				•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II Freedom Plan II with Standard Rx	<b>.</b>				٠		\$75.00 \$94.88	- \$19.88							0.4	
		Freedom Plan III with Standard RX Freedom Plan III					٠				•		ļ	•			84	•
		Freedom Plan I with Enhanced Rx	1	1	<u> </u>		•		\$110.00 \$116.66	- \$67.66		<u> </u>					0.4	_
		Freedom Plan III with Standard Rx	1	1	ļ		•		\$129.88	\$19.88	•	1		<u> </u>		•	84 84	•
		Freedom Plan II with Standard Rx Freedom Plan II with Enhanced Rx	1	1	ļ				\$129.88	\$67.66		1		<del>- :</del>			84	
		Freedom Plan III with Enhanced Rx	1	1	<u> </u>		•		\$142.66	\$67.66	•	<u> </u>		:		- :-	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1	1	ļ		•		\$177.00	\$0.00	-:-	1		<u> </u>		<u> </u>	97	•
	Medica Health Plans	Medicare Advantage Solution Choice	<del>                                     </del>		<b> </b>	<u> </u>			\$1.87	\$1.87	<u> </u>			•		-	90	•
	ivieuica rieaitii Fians	Medica Advantage Solution  NonMetroStandard							\$9.00	\$1.07 -			•				90	•
	Metropolitan Health Plan MSHO	MHP-MnSHO						•	\$33.11	\$33.11			•				90	•
	North Star Advantage / North Star Advantage Plus	North Star Advantage							\$0.00	-								
		North Star Advantage Plus							\$42.90	\$42.90							90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus			1	•			\$4.00	\$0.00		1	•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage I	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
MURRAY	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00									
	Medica Insurance Company	Prime Solution Basic				ļ	٠		\$122.53	\$26.53	•	<b> </b>	ļ	•			91	•
	Stadios Ostion I	Prime Solution Enhanced		<u> </u>			٠		\$141.53	\$26.53	•	<u> </u>	<b>.</b>	•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-	<b></b>	<b> </b>	ļ				0.1	
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11	-	ļ	•				91	•
		UCare for Seniors Silver UCare for Seniors Silver Plus	•		-				\$56.00 \$92.00	- \$31.48	<u> </u>	<b></b>	ļ	ļ			07	
			•		1					\$31.48 \$32.50	•	<b> </b>	1	•			97	•
	Unicare Life & Health Ins. Company	UCare for Seniors Crystal SecurityChoice Classic	•	1					\$121.00 \$0.00	\$32.50	•	<u> </u>	<del> </del>	•			97	•
	Onicare Life & riealth ins. Company	SecurityChoice Classic SecurityChoice Plus	<del>                                     </del>		-		-		\$4.00	\$0.00	<b> </b>	<del> </del>					88	
L		Security-Holice Plus	1	l	1	•			\$4.00	φυ.υυ	l	<u> </u>	•	•		1	00	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
•	Blue Cross and Blue Shield of								,				(* /					
NICOLLET	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice	ļ			•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00									
	Medica Insurance Company	Prime Solution Basic	<u> </u>			•	•	-	\$9.00 \$122.53	\$26.53							91	•
	iviedica insurance Company	Prime Solution Enhanced					÷		\$122.53 \$141.53	\$26.53	<del>- :</del>		-	-:			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	1				·		\$0.00	\$20.55 -	•	1		•			91	•
	TITLE OF TOTAL DISCO.	SecureHorizons Direct Premier Plan 200	1	1	1	•			\$85.00	-	1	1			1			
	Sterling Option I	Sterling Option I				•			\$38.00	-		1	1	1			1	
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•		1	•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					Г	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NOBLES	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
	21 21 2	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	<u> </u>
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					•	<u> </u>	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•	لـــــــا	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•	لـــــــا	\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•	لـــــــا	\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		Щ.	\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•		لـــــــا	\$1.87	\$1.87			•				90	•
		Medica Advantage Solution						j j	60.00									
	Medica Insurance Company	NonMetroStandard Prime Solution Basic	1		<u> </u>	•	_	igwdot	\$9.00 \$122.53	\$26.53				_			01	
	Medica insurance Company	Prime Solution Enhanced	1		<u> </u>		•	$\longmapsto$	\$122.53	\$26.53	•	-		•			91 91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	1		<u> </u>		•	$\longmapsto$	\$0.00	\$20.53	•	-		•			91	•
	Securer forizons Direct	SecureHorizons Direct Premier Plan 200	1		1	•		$\vdash \vdash \vdash$	\$85.00							-		<del></del>
	Sterling Option I	Sterling Option I	<del>                                     </del>	1	1	-	-	$\vdash \vdash$	\$38.00	-		1		1		<del>                                     </del>	<b> </b>	<del></del>
<b>———</b>	Today's Option	Today's Options Basic	1	1	1	· ·		$\vdash \vdash$	\$14.95	-		1	l	1		1	-	<del></del>
-	roday a Option	Today's Options Basic  Today's Options Premier	<del>                                     </del>	1	1	<u> </u>	-	$\vdash \vdash$	\$26.95	-		1		1		<del>                                     </del>	<b> </b>	<del></del>
<b>—</b>	UCare Minnesota	Minnesota Senior Health Options	+	1	<b>+</b>	<u> </u>			\$33.11	\$33.11		<del>                                     </del>	•	+		<del>                                     </del>	91	
-	OGGIE WIII II IESOLA	UCare for Seniors Silver		1	<b>+</b>			$\vdash$	\$56.00	φ33.11 -		<del>                                     </del>	⊢ •	+		<del>                                     </del>	31	<del></del>
		UCare for Seniors Silver Plus	•		<b> </b>			$\vdash \vdash$	\$92.00	\$31.48		<b> </b>		•			97	
		UCare for Seniors Crystal	•		<b> </b>			$\vdash \vdash$	\$121.00	\$32.50	-	<b> </b>		-			97	<del>- :</del>
	Unicare Life & Health Ins. Company	SecurityChoice Classic	† -	1	1			$\vdash \vdash$	\$0.00	-	<u> </u>	1		<u> </u>		1	J,	<del></del>
	2 2 2 Ello a Floatal III. Sompany	SecurityChoice Plus	<del>                                     </del>	1	<b>†</b>	<u> </u>		$\vdash \vdash$	\$4.00	\$0.00		<b>I</b>				<del>                                     </del>	88	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М	ype of Advantage	Plan						Prug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
county	Blue Cross and Blue Shield of	i iaii itaiio		 	00.1.00			1 1011110111)		20.0	rtoddood	(\$200)	D. ago	Omy	Diana	. o.maiai y	0110104
NORMAN	Minnesota	MedicareBlue PPO Essential						\$30.22	_								
			1					Q00.22									
		MedicareBlue PPO Essential Plus Rx 1		•				\$70.80	\$40.58		•		•			90	•
								*			1						
		MedicareBlue PPO Enhanced		•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2		•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue					•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I				•		\$49.00	-								
		Freedom Plan I with Standard Rx				•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II				•		\$75.00	-								
		Freedom Plan II with Standard Rx				•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III				•		\$110.00	-								
		Freedom Plan I with Enhanced Rx				٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx				٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx				•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx				•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution					٠	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice			•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution						_									
		NonMetroStandard			•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic				•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced				•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I			•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	Orug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	Pian Name	ПИО	PPU	PPU	Service	Pian	Pian	Premium)	Premium	Zero	Reduced	(\$250)	Drugs	Only	branus	Formulary	Offered
OLMSTED	Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								<b></b>
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	<u> </u>
		Freedom Plan III with Enhanced Rx					•		\$177.66 \$0.00	\$67.66 \$0.00	•			•		•	84 97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	-			•			\$0.00		•		_	•		<u> </u>		•
	Medica Health Plans	Medicare Advantage Solution Choice  Medica Advantage Solution	1	-		•	-	1	\$1.0 <i>1</i>	\$1.87			•	+	<del>                                     </del>	-	90	•
		NonMetroStandard							\$9.00									1
	Medica Insurance Company	Prime Solution Basic	+	<u> </u>		·		<b>-</b>	\$122.53	\$26.53					1	1	91	
	ivicaida misurance company	Prime Solution Enhanced	+	<b> </b>			•	<b> </b>	\$141.53	\$26.53	<del>- i</del>			•	<b>†</b>	<b>†</b>	91	•
-	Sterling Option I	Sterling Option I	1	1		•	Ť	1	\$38.00	ψ20.33 -	1	1		<del></del>	1	1		
	UCare Minnesota	Minnesota Senior Health Options	1				t	•	\$33.11	\$33.11			•	1	1	1	91	•
		UCare for Seniors Silver	•						\$56.00	-				İ	1	1		
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•	1	1	97	•
	i	UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•		1	97	•

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	• • • • • • • • • • • • • • • • • • • •	Description									Cost	•			Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
OTTER TAIL	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									<b></b>
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								<b></b>
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•		ļ	•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Freedom Plan III with Enhanced Rx Humana Gold Choice PFFS H1804-025					•		\$177.66 \$0.00	\$67.66 \$0.00	•			•		•	84 97	•
	Medica Dual Solution	Medica Dual Solution	1			•			\$2.80	\$0.00	•	1		•			90	•
	Medica Health Plans	Medicare Advantage Solution Choice	-					·	\$1.87	\$1.87			- :-				90	· ·
	Wedica Health Halls	Medica Advantage Solution	-			•			\$1.07	\$1.07		1	•				90	<del></del>
		NonMetroStandard							\$9.00	_								1
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•	1					91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•	1					91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-				1				
		SecureHorizons Direct Premier Plan 200	1			•			\$85.00	-				İ	1			<u> </u>
	Sterling Option I	Sterling Option I	1			•			\$38.00	-				İ	1			ſ
	Today's Option	Today's Options Basic				•			\$14.95	-				1				ſ
		Today's Options Premier				•			\$26.95	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				٠			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					[	Orug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
PENNINGTON	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					٠		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic Prime Solution Enhanced					٠		\$122.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	-				•		\$141.53 \$0.00	\$26.53	•			•			91	•
	Securemonzons Direct	SecureHorizons Direct Pranier Plan 200	1			•			\$85.00	-		1						
	Sterling Option I	Sterling Option I	1			•			\$38.00	-				1				
	Today's Option	Today's Options Basic	1		<del>                                     </del>				\$14.95	-		1		1		<b> </b>	1	
<del>                                     </del>	100ay 5 Option	Today's Options Premier	+	-	<del>                                     </del>	- :			\$26.95	-		<del>                                     </del>	l	+			<del>                                     </del>	
	UCare Minnesota	Minnesota Senior Health Options	1		1	-		•	\$33.11	\$33.11		1	•				91	•
		UCare for Seniors Grand	•						\$52.00	-							j.	
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•	1		•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-			ĺ					
	1	SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduc	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
PINE	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00 \$2.80	\$0.00 \$2.80	•			•			97	•
	Medica Dual Solution Medica Health Plans	Medica Dual Solution  Medicare Advantage Solution Choice						•	\$2.80 \$1.87	\$2.80 \$1.87			•				90 90	•
	Medica Health Plans	Medica Advantage Solution Choice	1			•			\$1.87	\$1.87		ļ	•				90	•
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					٠		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options	1					•	\$33.11	\$33.11			•		1		91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	٠						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•	ļ					\$119.00	\$32.50	•	ļ		•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic		ļ		•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage I	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of							,										
PIPESTONE	Minnesota	MedicareBlue PPO Essential			•			, 1	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced						,	\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2						,	\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•	$\neg \neg$	\$49.00	-								
		Freedom Plan I with Standard Rx					•	$\neg \neg$	\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•	$\neg \neg$	\$75.00	-								
		Freedom Plan II with Standard Rx					•	, — 7	\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•	$\neg \neg$	\$110.00	-								
		Freedom Plan I with Enhanced Rx					•	$\neg \neg$	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution						, ,										
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•	لـــــا	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced		ļ			•		\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete	<u> </u>	ļ				•	\$31.49	\$31.49			•				90	
	Sterling Option I	Sterling Option I	<u> </u>	ļ		•		لـــــا	\$38.00	-								
	UCare Minnesota	UCare for Seniors Silver	٠	ļ					\$56.00	-								
		UCare for Seniors Silver Plus	٠	ļ				لـــــا	\$92.00	\$31.48	•	ļ	<b></b>	•			97	•
	Hadana I Va A Haalib Inc. Oomaan	UCare for Seniors Crystal	•	<b></b>					\$121.00	\$32.50	•	<b> </b>	ļ	•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic	1	<del>                                     </del>	1	•		$\overline{}$	\$0.00 \$4.00	- #0.00	<b> </b>	<b> </b>		ļ .	<b> </b>	<b> </b>	88	
L		SecurityChoice Plus				•			\$4.00	\$0.00	l	l	•	•	1		88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	· · · ·	Description								•	Cost	<u> </u>			Cove	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
					Regional				Beneficiary Total Premium* (Including Drug	Beneficiary Drug			Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
	Blue Cross and Blue Shield of																	
POLK	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Metropolitan Health Plan MSHO	MHP-MnSHO						•	\$33.11	\$33.11			•				90	•
	North Star Advantage / North Star																	
	Advantage Plus	North Star Advantage	•	1		<b> </b>			\$0.00	-								4
		North Star Advantage Plus							\$42.90	\$42.90			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								ļl
		UCare for Seniors Grand Plus	•	ļ					\$89.00	\$31.48	•			•			97	•
	1	UCare for Seniors Superior	•	ļ	ļ				\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic	1	<u> </u>	ļ	•			\$0.00	-		ļ						<b> </b>
L		SecurityChoice Plus	<u> </u>	<u> </u>	<u> </u>	•	<u> </u>		\$4.00	\$0.00	l	l	•	•	<u> </u>		88	•

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	1
POPE	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								<u> </u>
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								<u> </u>
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								<u> </u>
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								<u> </u>
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	_								ł
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•	1		•			91	•
	modica modification demparty	Prime Solution Enhanced	1	1			•		\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete	1	1				•	\$31.49	\$31.49			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	<b>†</b>	<b>†</b>		•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								ĺ
	Sterling Option I	Sterling Option I				•			\$38.00	-								ĺ
	Unicare Life & Health Ins. Company	SecurityChoice Classic			1	•			\$0.00	-	i							í
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SecurityChoice Plus				•			\$4.00	\$0.00		1	•	•		i	88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					9-		,		Cost	,			Cov	erage		Convenience
			М		ype of Advantage	Plan					Г	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	Fidil Naille	ПИО	FFU	FFO	Sel vice	Fian	Fian	Fremium)	Freiiliuili	Zeio	Reduced	(\$250)	Drugs	Offig	Dianus	Formulary	Ollered
RAMSEY	Minnesota	MedicareBlue PPO Essential							\$30.22	_								
TOWINGET	Willingsold	Wedicare Blac 1 1 & Esserial			<del>                                     </del>				ψ30.22	-		1						
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	•
		modicarobido i i o Esconda i ido i x i			1				ψ, σ.σσ	ψ 10.00							- 55	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1	l		•				\$124.60	\$40.58		•	l	•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Hardin Daniera Claratia MALO anti-	Classic	٠		ļ				\$202.11	\$20.67			•				84	•
	HealthPartners Classic MN Senior Health Options	Classic for Minnesota Senior Health Option							\$4.56	\$4.56							84	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		•	\$4.56	\$4.56	•		•				97	:
	Medica Dual Solution	Medica Dual Solution			-	•			\$2.80	\$2.80	•	-		•		-	90	
-	Medica Health Plans	Medicare Advantage Solution Choice	l	1	<del>                                     </del>			-	\$2.80	\$1.87		1	- :	<b>†</b>	1	<del>                                     </del>	90	<del>- :</del>
-	Woodod Health Halls	Medica Advantage Solution Choice	l	1	<del>                                     </del>	<u> </u>			φ1.01	φ1.01		1	<u> </u>	<b>†</b>	1	<del>                                     </del>	90	•
		Standard	l						\$82.00	_			l					
	Medica Insurance Company	Prime Solution Basic		1			•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced		1			•		\$141.53	\$26.53	•			•			91	•
	North Star Advantage / North Star	***		1					¥	<del></del>		t e						
	Advantage Plus	North Star Advantage	•						\$0.00	-								
		North Star Advantage Plus							\$42.90	\$42.90							90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare Complete						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	٠						\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•		1	•	1		97	•

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		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RED LAKE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
TED DITE	······································	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				٠			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution							60.00									
	Medica Insurance Company	NonMetroStandard Prime Solution Basic				•			\$9.00 \$122.53	\$26.53							0.4	
	Medica insurance Company	Prime Solution Basic  Prime Solution Enhanced	1				•		\$122.53	\$26.53	•	1		•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	-			_	•		\$141.53 \$0.00		•	ļ		•			91	•
<b>——</b>	Occurentizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier Plan 200	+			•		<u> </u>	\$0.00	-		<del>                                     </del>		<del>                                     </del>				
-	Sterling Option I	Sterling Option I	1			÷		-	\$38.00	-		1						
<u> </u>	UCare Minnesota	Minnesota Senior Health Options	1		-	•			\$33.11	\$33.11		<b> </b>		-	-	<b> </b>	91	
<b>—</b>	OGGI G WIII III ESOLA	UCare for Seniors Grand		1	1			<del>-</del>	\$52.00	\$33.11		1	<u> </u>	1	1	-	91	•
		UCare for Seniors Grand Plus	<u> </u>						\$89.00	\$31.48	•						97	
<del>                                     </del>	<del>-  </del>	UCare for Seniors Superior	<u> </u>	-	<del>                                     </del>			<b>-</b>	\$119.00	\$32.50	·	<b> </b>		· :	<del>                                     </del>		97	•
<b>—</b>	Unicare Life & Health Ins. Company	SecurityChoice Classic	1	1					\$0.00	ψ32.30 -	•	<del>                                     </del>		†		<b> </b>		ļ -
	Griscard Elic a ricality ind. Company	SecurityChoice Plus	<del>                                     </del>			- ·			\$4.00	\$0.00		1				1	88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		Гуре of Advantage	Plan					[	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
REDWOOD	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22									
KEDWOOD	Willinesota	WedicareBlue FFO Essential	1		•			<u> </u>	\$30.22	-		-						<b>├</b>
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced			1		•		\$141.53	\$26.53	•	1		•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200			1	•			\$85.00	-		1						
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	٠						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•		1	\$4.00	\$0.00	1		•	•		1	88	•

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		Description								•	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
RENVILLE	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00									
	Medica Insurance Company	Prime Solution Basic				•			\$122.53	\$26.53	•	-					91	
	ividuida irisurande Company	Prime Solution Enhanced	-	-		-	•		\$141.53	\$26.53	•	1	l	<u> </u>			91	<del>- : -</del>
	Primewest Health System	PrimeWest Senior Health Complete		-			•		\$31.49	\$31.49	•			•			90	<del></del>
	Sterling Option I	Sterling Option I						•	\$38.00	φ31.49 -			<b>-</b>	1			30	
	Unicare Life & Health Ins. Company	SecurityChoice Classic	1			-			\$0.00	-	<b> </b>		l	<b>†</b>				
	Chicaro Elio di Ficaldi ilis. Company	SecurityChoice Plus	1			•			\$4.00	\$0.00	<b> </b>			-			88	

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		Description								-	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan						Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RICE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02									
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					٠		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					٠		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I			<u> </u>	•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•						\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00									
		SecurityChoice Plus	<u> </u>			•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ROCK	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
									ψ00.EE									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			٠				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200	ļ	ļ	ļ	•			\$85.00	-	ļ	<b> </b>				<b> </b>		
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
<u> </u>	IIIO Missansia	Today's Options Premier	<u> </u>	<u> </u>		•		ļ	\$26.95	-		<u> </u>				<u> </u>	- 04	
<u> </u>	UCare Minnesota	Minnesota Senior Health Options				<u> </u>		•	\$33.11	\$33.11	<u> </u>		•	ļ			91	•
<u> </u>		UCare for Seniors Silver	•	<u> </u>				ļ	\$56.00	-		<u> </u>				<u> </u>	07	
<u> </u>		UCare for Seniors Silver Plus	•			<u> </u>			\$92.00	\$31.48	•			•			97	•
l	Haisess Life 9 Health Inc. Commen	UCare for Seniors Crystal	•	1	1	<u> </u>			\$121.00	\$32.50	•	1		•		1	97	•
<del></del>	Unicare Life & Health Ins. Company	SecurityChoice Classic			<b> </b>	•			\$0.00	-	<b> </b>	<b> </b>		1		<b> </b>		
		SecurityChoice Plus				•			\$4.00	\$0.00	l	1	•	•	1	1	88	•

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•	Blue Cross and Blue Shield of								,				(* /					
ROSEAU	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue			Ĭ .			•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I			Ĭ .		•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II			Ĭ .		•		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III			Ĭ .		•		\$110.00	-								
		Freedom Plan I with Enhanced Rx			Ĭ .		•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx			Ĭ .		•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx			Ĭ .		•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice			Ĭ .	•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					٠		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus			1	•			\$4.00	\$0.00		1	•	•	1		88	•

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	Blue Cross and Blue Shield of																	
SCOTT	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								l
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
																		ł
	Disc Disc Comment	MedicareBlue PPO Enhanced Plus Rx 2	1		•		-		\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue	1				-	•	\$32.11	\$32.11			•				90	<del></del>
	HealthPartners	Freedom Plan I					•		\$49.00	-							0.4	-
		Freedom Plan I with Standard Rx	1				٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II Freedom Plan II with Standard Rx					•		\$75.00 \$94.88	- \$19.88							84	
		Freedom Plan III							\$110.00	\$19.00	<u> </u>			•			04	<u> </u>
		Freedom Plan I with Enhanced Rx	1				•		\$116.66	\$67.66		-		•	<b>_</b>		84	•
		Freedom Plan III with Standard Rx	<del>                                     </del>				÷		\$129.88	\$19.88	<del>- :</del>			$\vdots$		<u> </u>	84	•
		Freedom Plan II with Enhanced Rx					÷		\$142.66	\$67.66	-	1	<b> </b>	<u> </u>	<b>+</b>	-	84	•
		Freedom Plan III with Enhanced Rx	<del>                                     </del>				+ :		\$177.66	\$67.66	<del>  :</del>			$\vdots$		<del>- : -</del>	84	•
		Classic	•				·		\$202.11	\$20.67	<u> </u>	1		•	<b>+</b>	_ <b>-</b>	84	•
	HealthPartners Classic MN Senior		•															·
	Health Options	Classic for Minnesota Senior Health Option						•	\$4.56	\$4.56			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution	1				-	•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice  Medica Advantage Solution				•			\$1.87	\$1.87			•				90	•
		NonMetroStandard							\$9.00									Ì
	Medica Insurance Company	Prime Solution Basic	<del>                                     </del>			<u> </u>			\$122.53	\$26.53						-	91	
	iviedica irisurance Company	Prime Solution Enhanced	<del>                                     </del>				÷		\$141.53	\$26.53	<del>  :</del>			<del>- :</del>		-	91	•
	Metropolitan Health Plan MSHO	MHP-MnSHO					·		\$33.11	\$33.11	· •	+		•			90	•
	North Star Advantage / North Star	INITF-INITISHO						•	\$33.11	φ33.11	+	+	<u> </u>				90	•
	Advantage Plus	North Star Advantage							\$0.00	_								Ì
	, availage i las																	
	9. 11. 9. 11.	North Star Advantage Plus	•	<u> </u>			<u> </u>		\$42.90	\$42.90			•				90	<b> </b>
	Sterling Option I	Sterling Option I	<u> </u>	<u> </u>		•	<u> </u>		\$38.00	-	1	1	<b>.</b>		1			<del></del>
	UCare Minnesota	Minnesota Senior Health Options	<u> </u>	<u> </u>		<u> </u>	<u> </u>	•	\$33.11	\$33.11			•		1	<u> </u>	91	•
		UCare Complete	<b></b>	<b></b>			<u> </u>	•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•	<u> </u>			<b>├</b>		\$34.00	-			<b>!</b>				07	<b> </b>
		UCare for Seniors Value Plus	•	<b></b>			<u> </u>		\$74.00	\$30.30	•		ļ	•			97	•
	Heisen I Ve O Heelth Inc. Occurren	UCare for Seniors Classic	•	<u> </u>			<b>├</b>		\$104.00	\$31.07	•		<b>!</b>	•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic	<b>.</b>	<b></b>		•	<b>!</b>	-	\$0.00	-	1	1	1	ļ		<b>!</b>	00	<del></del>
		SecurityChoice Plus	ļ	ļ		•	ļ		\$4.00	\$0.00	1	1	•	•	<u> </u>		88	<u> </u>

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of												(4200)	gc				0.110.100
SHERBURNE	Minnesota	MedicareBlue PPO Essential						1 !	\$30.22	_								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
				1	1			1	******	*						1		
		MedicareBlue PPO Enhanced			•			1	\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		1	\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					٠		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	North Star Advantage / North Star Advantage Plus	North Star Advantage							\$0.00	-								
		North Star Advantage Plus							\$42.90	\$42.90							90	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
	_	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•						\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•						\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus			1	•		1	\$4.00	\$0.00			•	•		1	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					[	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	I lan realic	111110	110	110	OCI VICE	· iaii	i iuii	i iciliani)	1 remain	2010	reduced	(ψ200)	Drugs	Offiny	Dianas	1 Officially	Officia
SIBLEY	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	_								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic			<u> </u>		•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced		]	]		•		\$141.53	\$26.53	•			•			91	•
	South Country Health Alliance	SeniorCare Complete			<u> </u>			•	\$22.66	\$22.66			•				97	
		AbilityCare	•						\$27.79	\$27.79			•				97	
	Sterling Option I	Sterling Option I			<u> </u>	•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic	<u> </u>		ļ	•			\$0.00									
		SecurityChoice Plus				•			\$4.00	\$0.00		l	•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					Г	orug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ST. LOUIS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	_								
01. 200.0	Minitosca .	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	-		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	First Plan Blue	First Plan Blue - MSHO						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53		1		•			91	
		Prime Solution Enhanced	<del>                                     </del>	1	<b>†</b>		•		\$141.53	\$26.53	•	1		•			91	•
	Sterling Option I	Sterling Option I	<del>                                     </del>	1	<b>†</b>	•			\$38.00	φ20.00	<u> </u>	1		<u> </u>			J1	<del></del>
	UCare Minnesota	Minnesota Senior Health Options	<del>                                     </del>	1	<b>†</b>				\$33.11	\$33.11		1	•				91	
		UCare for Seniors Grand		<del>                                     </del>	<del>                                     </del>		-	<u> </u>	\$52.00	φοσ.11	<del>                                     </del>	<del> </del>	1	1	-	<del>                                     </del>	Ŭ.	
	+	UCare for Seniors Grand Plus	•	<del>                                     </del>	<u> </u>				\$89.00	\$31.48	•	<del> </del>		•		<b>-</b>	97	
	+	UCare for Seniors Superior	•	<del>                                     </del>	<u> </u>				\$119.00	\$32.50	•	<del> </del>		•		<b>-</b>	97	· ·
	Unicare Life & Health Ins. Company	SecurityChoice Classic	<del>t -</del>			•			\$0.00	ψ32.30 -	t	<b>†</b>		⊢ •		<b> </b>	- 57	<del></del>
	Cincare Life a Ficality Inc. Company	SecurityChoice Plus	<del>                                     </del>			•			\$4.00	\$0.00	1	1				1	88	

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		Description								Cost				Cove	erage		Convenience
			M	ype of Advantage I	Plan					С	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
STEARNS	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential						\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced		•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1		•				\$124.60	\$40.58				•			90	•
	Diver Diver Occurre Diver	MedicareBlue PPO Enhanced Plus Rx 2		•				\$137.92	\$53.90	•			•			97	
	Blue Plus SecureBlue	Blue Plus SecureBlue	<u> </u>				•	\$32.11	\$32.11			•				90	ļ
	HealthPartners	Freedom Plan I				•		\$49.00									
		Freedom Plan I with Standard Rx				٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II	ļ			•		\$75.00	-								
		Freedom Plan II with Standard Rx				٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III				•		\$110.00									
		Freedom Plan I with Enhanced Rx				٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx				٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx	<u> </u>			٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx	<u> </u>			٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	<u> </u>		•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution	<u> </u>				•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice	<u> </u>		•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard			•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic				٠		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced				•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200			•			\$85.00	-								
	Sterling Option I	Sterling Option I			•			\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•					\$34.00	-								
		UCare for Seniors Value Plus	•					\$74.00	\$30.30	•			•			97	•
		UCare for Seniors Classic	•					\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			•			\$0.00	-								
		SecurityChoice Plus			•			\$4.00	\$0.00			•	•			88	•

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		Description									Cost				Cov	erage		Convenience
			М		Гуре of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross and Blue Shield of	rian Name	HINO	FFU	FFO	Sel vice	Fiaii	FIAII	Fremium)	Freiiliuili	Zeio	Reduced	(\$250)	Drugs	Offig	Dianus	Formulary	Offered
STEELE	Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•	1	\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution						1 !										
		NonMetroStandard				•		لــــــــا	\$9.00									<u> </u>
	Medica Insurance Company	Prime Solution Basic					٠	لـــــــا	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•	لـــــــا	\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		lacksquare	\$0.00	-								
-	Courth Country Hoolth Allian -	SecureHorizons Direct Premier Plan 200	1	1	1	•		لـــا	\$85.00	-	-	1		1	1		07	<del>                                     </del>
-	South Country Health Alliance	SeniorCare Complete	-	1	1			┅	\$22.66	\$22.66	-	1	•	1	1		97	
<u> </u>	Stading Ontion I	AbilityCare	٠	1	1	<u> </u>			\$27.79	\$27.79	<b> </b>	<b> </b>	•	-	<b> </b>		97	<del>                                     </del>
-	Sterling Option I	Sterling Option I	1	1		•	-		\$38.00 \$14.95	-	<u> </u>	-		-			<b>-</b>	<del></del>
<u> </u>	Today's Option	Today's Options Basic Today's Options Premier	<del>                                     </del>	+	+	:	-	++	\$14.95 \$26.95	-	<u> </u>	<del>                                     </del>						<del> </del>
-	UCare Minnesota	Minnesota Senior Health Options	1	1		•	-		\$26.95	\$33.11	<u> </u>	-		-			91	
<u> </u>	OGAIE WIIIIIESULA	UCare for Senior Silver		+	+	<u> </u>	-	┵	\$33.11 \$56.00	\$33.11	<u> </u>	<del>                                     </del>	•				91	<del></del>
<b> </b>		UCare for Seniors Silver Plus	<u> </u>	1	1	1		$\vdash \vdash$	\$92.00	\$31.48	•	1			1		97	
<b>—</b>	+	UCare for Seniors Silver Plus UCare for Seniors Crystal		<del>                                     </del>	<del>                                     </del>	<b> </b>	-	$\vdash \vdash$	\$121.00	\$31.46	•	1		<del>- :-</del>	<del>                                     </del>		97	<del>- :</del>
<b> </b>	Unicare Life & Health Ins. Company	SecurityChoice Classic	+ •	1	1			$\vdash \vdash$	\$0.00	\$32.50	•	1		-			9/	<b>─</b> ••
-	Officare Life & Fleathrins, Company	SecurityChoice Classic SecurityChoice Plus	<del>                                     </del>	+	1	<del></del>		$\vdash \vdash$	\$4.00	\$0.00	<del>                                     </del>	<del> </del>			<del>                                     </del>		88	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								•	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо			Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
STEVENS	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx	ļ				•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•		ļ	•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•		ļ	•		•	84	•
		Freedom Plan III with Enhanced Rx Humana Gold Choice PFFS H1804-025	1				•		\$177.66 \$0.00	\$67.66 \$0.00	•			•		•	84 97	•
	Humana Insurance Company Medica Health Plans	Medicare Advantage Solution Choice	<del>                                     </del>	-		•			\$0.00	\$1.87	•	<u> </u>		•			90	•
	iviedica rieaitri Plans	Medica Advantage Solution				•				\$1.87			•				90	•
		NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Primewest Health System	PrimeWest Senior Health Complete						•	\$31.49	\$31.49			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								

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		Description									Cost				Cov	erage		Convenience
			N		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of								,				(*/					
SWIFT	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution																
		NonMetroStandard	<u> </u>			•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	SecureHorizons Direct	Prime Solution Enhanced SecureHorizons Direct Plan 3	1		ļ		٠		\$141.53	\$26.53	•			•			91	•
-	Securemonzons Direct	SecureHorizons Direct Premier Plan 200	<del>                                     </del>	<del>                                     </del>	-	•			\$0.00 \$85.00	-		<b> </b>	1	1	-		-	
	Sterling Option I	Sterling Option I	<del>                                     </del>	1	1	÷			\$38.00	-			1	1				
<b> </b>	UCare Minnesota	Minnesota Senior Health Options	<del>                                     </del>	1	-	•			\$33.11	\$33.11		1		1	<del>                                     </del>		91	•
-	CCC. O WIII III COOLG	UCare for Seniors Silver		1	<del>                                     </del>			<u> </u>	\$56.00	-		<del>                                     </del>	<del>                                     </del>	1			31	
		UCare for Seniors Silver Plus	<u> </u>	1	<del>                                     </del>			-	\$92.00	\$31.48		<b> </b>	<del> </del>		<del>                                     </del>		97	•
-	+	UCare for Seniors Crystal	· :	<del>                                     </del>	<b>†</b>				\$121.00	\$32.50	•	<b>†</b>	<del>                                     </del>	-	<del>                                     </del>		97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic		1	1	•			\$0.00	-	-	1	<del>                                     </del>	<u> </u>	1		<u> </u>	
		SecurityChoice Plus	1	1	t	•		1	\$4.00	\$0.00		1		<b>—</b> •			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
TODD	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								<b></b>
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I			1		•		\$49.00	-		1						
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx			1		•		\$94.88	\$19.88	•	1		•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx			1		•		\$116.66	\$67.66	•	1		•		•	84	•
		Freedom Plan III with Standard Rx			Ĭ		•		\$129.88	\$19.88	•	Ĭ		•			84	•
		Freedom Plan II with Enhanced Rx			Ĭ		•		\$142.66	\$67.66	•	Ĭ		•		•	84	•
		Freedom Plan III with Enhanced Rx			Ĭ		•		\$177.66	\$67.66	•	Ĭ		•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
	,	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options	1					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								<b></b>
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00									<b></b>
		SecurityChoice Plus			l	•			\$4.00	\$0.00	l	l	•	•			88	•

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			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО		Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
TRAVERSE	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00									
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx Freedom Plan II with Enhanced Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx Freedom Plan III with Enhanced Rx					•		\$142.66 \$177.66	\$67.66 \$67.66	•			•		•	84 84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025					•		\$177.66	\$0.00	•			<u> </u>		•	97	•
	Medica Health Plans	Medicare Advantage Solution Choice	<del>                                     </del>			-:			\$1.87	\$1.87	•	-		•		-	90	:
	Medica Health Flans	Medica Advantage Solution	<del>                                     </del>			_ •			\$1.07	\$1.07		-				-	90	<u> </u>
		NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic	<del>                                     </del>	<del>                                     </del>			•		\$122.53	\$26.53	•						91	•
	modica modianoc company	Prime Solution Enhanced	1	1			·		\$141.53	\$26.53	-	1		_ ·		1	91	•
	Primewest Health System	PrimeWest Senior Health Complete	1	1			_	•	\$31.49	\$31.49	l -	1	•	†		1	90	<del></del>
	SecureHorizons Direct	SecureHorizons Direct Plan 3	1	1		•		_	\$0.00	φυ1.40 -	1	1		1		1		<u> </u>
		SecureHorizons Direct Premier Plan 200	<b>†</b>	<b>†</b>		•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-	i	1		İ		1		
	,	SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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		Description								-	Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO				Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WABASHA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	South Country Health Alliance	SeniorCare Complete						•	\$22.66	\$22.66			•				97	
		AbilityCare	•						\$27.79	\$27.79			•				97	
	Sterling Option I	Sterling Option I				•			\$38.00	-								1
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options		ļ				•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•		<u> </u>				\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•	ļ					\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			ļ	•		ļ	\$0.00									
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								•	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of															,		
WADENA	Minnesota	MedicareBlue PPO Essential			•			1 /	\$30.22	-						1		
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced						Ш	\$84.02	-							<u> </u>	
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•		ļ	84	•
		Freedom Plan II					•	لــــــــا	\$75.00							<u> </u>		
		Freedom Plan II with Standard Rx					٠	لــــــــا	\$94.88	\$19.88	•			•		<u> </u>	84	•
		Freedom Plan III					٠	lacksquare	\$110.00	-						ļ	<u> </u>	
		Freedom Plan I with Enhanced Rx					٠	lacksquare	\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠	<b>├</b>	\$129.88	\$19.88	•			•		ļ'	84	•
		Freedom Plan II with Enhanced Rx Freedom Plan III with Enhanced Rx					٠	<b>├</b>	\$142.66 \$177.66	\$67.66 \$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1		<u> </u>		٠	igwdapprox	\$177.66	\$0.00	•			<u> </u>		•	84 97	•
	Medica Dual Solution	Medica Dual Solution			<b> </b>	•			\$2.80	\$2.80	•	-	•	•		<del></del>	90	
	Medica Health Plans	Medicare Advantage Solution Choice			<b> </b>			<del>⊢</del> ٺ	\$1.87	\$1.87		-	-			<del></del>	90	<del>- :</del>
	Wedica Fleatiff Falls	Medica Advantage Solution NonMetroStandard							\$9.00	-			•				90	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-						, i		
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-						, i		
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Grand	•						\$52.00	-								
		UCare for Seniors Grand Plus	•						\$89.00	\$31.48	•			•			97	•
		UCare for Seniors Superior	•						\$119.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus			<u> </u>	•		ш¬	\$4.00	\$0.00			•	•		L	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO				Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WASECA	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								<u> </u>
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard				•			\$9.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		,	\$85.00	-								
	South Country Health Alliance	SeniorCare Complete						•	\$22.66	\$22.66			•				97	
		AbilityCare	•						\$27.79	\$27.79			•				97	
	Sterling Option I	Sterling Option I				•			\$38.00	-								1
	Today's Option	Today's Options Basic				•			\$14.95	-								
		Today's Options Premier				•			\$26.95	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus	•						\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•		<u> </u>			$oxed{oxed}$	\$121.00	\$32.50	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			ļ	•		ш	\$0.00									<b></b>
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage l	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
WASHINGTON	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	_								ĺ
		Medicarebide FFO Efficienced							ψ04.02	_								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00									
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx			ļ		•		\$177.66	\$67.66	•			•		•	84	•
	HealthPartners Classic MN Senior	Classic	•		<u> </u>				\$202.11	\$20.67			•				84	•
	Health Options	Classic for Minnesota Senior Health Option							\$4.56	\$4.56							84	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			ļ	•		•	\$0.00	\$0.00	•		•				97	:
	Medica Dual Solution	Medica Dual Solution			<b> </b>	•			\$2.80	\$2.80	•	-	•	•			90	<del>- : -</del>
	Medica Health Plans	Medicare Advantage Solution Choice			1	•		•	\$1.87	\$1.87			-:-				90	<del>- :</del>
	Iviedica i lealti i iaris	Medica Advantage Solution			1	•			\$1.07	\$1.07			•				90	<u> </u>
		NonMetroStandard							\$9.00	_								
	Medica Insurance Company	Prime Solution Basic			1		•		\$122.53	\$26.53				•			91	•
	moded modrance company	Prime Solution Enhanced			1		•		\$141.53	\$26.53	•			•			91	•
	North Star Advantage / North Star				1				ψ111.00	Ψ20.00							0.	
	Advantage Plus	North Star Advantage	•						\$0.00	-								İ
	-	-																
		North Star Advantage Plus	•						\$42.90	\$42.90			•				90	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I			]	•			\$38.00	-					1			<u> </u>
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare Complete			<u> </u>			•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	٠		<u> </u>				\$34.00	-								
		UCare for Seniors Value Plus	•						\$74.00	\$30.30	•			•			97	•
	<u> </u>	UCare for Seniors Classic	•		ļ				\$104.00	\$31.07	•			•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			<u> </u>	•			\$0.00									<del></del>
		SecurityChoice Plus			į.	•			\$4.00	\$0.00			•	•			88	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								-	Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WATONWAN	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22									
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02									
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					٠		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					٠		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution						1 !										1
		NonMetroStandard				•			\$9.00	-								1
	Medica Insurance Company	Prime Solution Basic					•	لــــــــا	\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•	لــــــــا	\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	1			•		igspace	\$0.00	-								<b>├</b>
ļ	Otadia a Oatiaa I	SecureHorizons Direct Premier Plan 200			ļ	•		₩	\$85.00	-	<b> </b>							<del></del>
<u> </u>	Sterling Option I	Sterling Option I			ļ	•		₩	\$38.00	-	<u> </u>			ļ				<del></del>
<u> </u>	Today's Option	Today's Options Basic			ļ	•		₩	\$14.95	-	<u> </u>			ļ				<del></del>
	LICara Minagasta	Today's Options Premier	1			•		$\vdash$	\$26.95	622.44		<b> </b>			ļ	<b> </b>	01	
	UCare Minnesota	Minnesota Senior Health Options	<del> </del>		ļ			•	\$33.11 \$56.00	\$33.11	-	<b> </b>	•	1	<b> </b>	<b> </b>	91	•
		UCare for Seniors Silver UCare for Seniors Silver Plus	•		ļ				\$56.00	- \$31.48	<u> </u>	<b> </b>		ļ .	<b> </b>	<b> </b>	07	
-			•	1	-		-			\$31.48 \$32.50	•			•			97 97	•
<u> </u>	Unicare Life & Health Ins. Company	UCare for Seniors Crystal SecurityChoice Classic	•	1	<del>                                     </del>		-	++	\$121.00 \$0.00	\$32.50	•	<del>                                     </del>		•		<del>                                     </del>	97	•
-	Officare Life & riealth Iris. Company	SecurityChoice Classic SecurityChoice Plus	<del>                                     </del>		<del> </del>	<u> </u>		$\vdash \vdash$	\$4.00	\$0.00	<b> </b>	<b> </b>			<del>                                     </del>	<b> </b>	88	<u> </u>
L		Security-Choice Plus	<u> </u>	1	l	•			\$4.00	\$0.00	l	<u> </u>	•	•	<u> </u>	<u> </u>	88	•

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
WILKIN	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue	<u> </u>	ļ				•	\$32.11	\$32.11			•				90	L
	HealthPartners	Freedom Plan I					٠		\$49.00									
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II	<u> </u>	ļ			•		\$75.00	-								L
		Freedom Plan II with Standard Rx	<u> </u>	ļ			•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	\$67.66							0.4	<b></b>
		Freedom Plan I with Enhanced Rx Freedom Plan III with Standard Rx	1				•		\$116.66 \$129.88	\$67.66 \$19.88	•			•		•	84 84	•
		Freedom Plan II with Enhanced Rx	1				·		\$142.66	\$67.66	•			<del>- :</del>			84	•
		Freedom Plan III with Enhanced Rx	1				÷		\$177.66	\$67.66	•			-:-		<del>- : -</del>	84	-:
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	1				•		\$0.00	\$0.00	•			<del>- :</del>		•	97	<del>- :</del>
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80		-	•	<u> </u>			90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87		-	•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-			-				- 00	-
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	· ,	Prime Solution Enhanced	1		1		•		\$141.53	\$26.53	•	1		•		1	91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
		SecurityChoice Plus				•			\$4.00	\$0.00			•	•			88	•

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			М		ype of Advantage l	Plan					Г	rug Deduc	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross and Blue Shield of																	
WINONA	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					٠		\$49.00	-								
		Freedom Plan I with Standard Rx					٠		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					٠		\$75.00	-								
		Freedom Plan II with Standard Rx					٠		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					٠		\$110.00	-								
		Freedom Plan I with Enhanced Rx					٠		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					٠		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Today's Option	Today's Options Basic	1		ļ	•		ļ	\$14.95	-								
		Today's Options Premier			<u> </u>	•		ļ	\$26.95			ļ						
	UCare Minnesota	Minnesota Senior Health Options			ļ			•	\$33.11	\$33.11		ļ	•	ļ			91	•
		UCare for Seniors Silver	•		ļ			<u> </u>	\$56.00	-		ļ						
		UCare for Seniors Silver Plus	•		ļ			ļ	\$92.00	\$31.48	•			•			97	•
		UCare for Seniors Crystal	•		ļ			<u> </u>	\$121.00	\$32.50	•	ļ		•			97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic			<b></b>	•		<b></b>	\$0.00	-	<b></b>	<b> </b>					00	
		SecurityChoice Plus	1		l	•		l	\$4.00	\$0.00	l	l	•	•			88	•

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		Description							, , ,	•	Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
					Regional				Beneficiary Total Premium* (Including Drug	Beneficiary Drug			Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
	Blue Cross and Blue Shield of																	
WRIGHT	Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
									4									
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I					•		\$49.00	-								
		Freedom Plan I with Standard Rx					•		\$68.88	\$19.88	•			•			84	•
		Freedom Plan II					•		\$75.00	-								
		Freedom Plan II with Standard Rx					•		\$94.88	\$19.88	•			•			84	•
		Freedom Plan III					•		\$110.00	-								
		Freedom Plan I with Enhanced Rx					•		\$116.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•			•			84	•
		Freedom Plan II with Enhanced Rx					•		\$142.66	\$67.66	•			•		•	84	•
		Freedom Plan III with Enhanced Rx					•		\$177.66	\$67.66	•			•		•	84	•
		Classic	•						\$202.11	\$20.67			•				84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Dual Solution	Medica Dual Solution						•	\$2.80	\$2.80			•				90	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution	1															
	Madian Income Occurrence	NonMetroStandard				•			\$9.00	-								
-	Medica Insurance Company	Prime Solution Basic Prime Solution Enhanced	1	<b>!</b>	ļ		•		\$122.53	\$26.53	•	ļ		•			91	•
	North Star Advantage / North Star	Prime Solution Enhanced	<del>                                     </del>	<del>                                     </del>	<u> </u>	<b>_</b>	•		\$141.53	\$26.53	•	<u> </u>		•			91	•
	Advantage Plus	North Star Advantage	1 .						\$0.00	1	l						1	
<b> </b>	nuvarilage Flus	INOTHI OTAL AUVAINAGE	•	-	<b> </b>	-	-		φυ.υυ	-	<b></b>	<b> </b>		-		<b> </b>	-	+
		North Star Advantage Plus							\$42.90	\$42.90			•				90	
	Sterling Option I	Sterling Option I				•			\$38.00	-								1
	UCare Minnesota	Minnesota Senior Health Options	<u> </u>					•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Value	•	ļ					\$34.00	-								ļ
ļ		UCare for Seniors Value Plus	•	<u> </u>	<u> </u>	<u> </u>	1		\$74.00	\$30.30	•	<u> </u>		•			97	•
ļ	Heliana Life O Health Lan O	UCare for Seniors Classic	•	<u> </u>	<u> </u>	<u> </u>	1		\$104.00	\$31.07	•	<u> </u>		•			97	•
<b></b>	Unicare Life & Health Ins. Company	SecurityChoice Classic	<b>├</b>	<del>                                     </del>	<b></b>	•	1		\$0.00	-	<u> </u>	<b></b>				<u> </u>		4
L		SecurityChoice Plus	<u> </u>	<u> </u>	1	•	1		\$4.00	\$0.00	l	1	•	•		l	88	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	' ''	Description							, ,		Cost	•			Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
YELLOW MEDCINE	Blue Cross and Blue Shield of Minnesota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
	Blue Plus SecureBlue	Blue Plus SecureBlue						•	\$32.11	\$32.11			•				90	
	HealthPartners	Freedom Plan I							\$49.00	-								
		Freedom Plan I with Standard Rx							\$68.88	\$19.88							84	•
		Freedom Plan II							\$75.00	-								
		Freedom Plan II with Standard Rx							\$94.88	\$19.88							84	•
		Freedom Plan III							\$110.00	-								
		Freedom Plan I with Enhanced Rx							\$116.66	\$67.66							84	•
		Freedom Plan III with Standard Rx					•		\$129.88	\$19.88	•						84	•
		Freedom Plan II with Enhanced Rx							\$142.66	\$67.66							84	•
		Freedom Plan III with Enhanced Rx							\$177.66	\$67.66				•			84	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025							\$0.00	\$0.00							97	•
	Medica Health Plans	Medicare Advantage Solution Choice				•			\$1.87	\$1.87			•				90	•
		Medica Advantage Solution NonMetroStandard							\$9.00	-								
	Medica Insurance Company	Prime Solution Basic							\$122.53	\$26.53				•			91	•
		Prime Solution Enhanced							\$141.53	\$26.53				•			91	•
	Sterling Option I	Sterling Option I							\$38.00	-								
	UCare Minnesota	Minnesota Senior Health Options						•	\$33.11	\$33.11			•				91	•
		UCare for Seniors Silver	•						\$56.00	-								
		UCare for Seniors Silver Plus							\$92.00	\$31.48							97	•
		UCare for Seniors Crystal							\$121.00	\$32.50							97	•
	Unicare Life & Health Ins. Company	SecurityChoice Classic				•			\$0.00	-								
_		SecurityChoice Plus				•			\$4.00	\$0.00			•				88	•